THE MEDICAL JOURNAL.

VOL. X. DECEMBER, 1895. No. 12.

Original Articles.

"INFANT MORTALITY DURING LABOR—ITS PREVENTION."

BY BEN H. BRODNAX, M. D., Brodnax, La.

The wording of the title, which is supposed to have been carefully considered, excludes any causes, which would produce death prior to the actual commencement of the womb to free itself of its contents, such as blows, falls, kicks, syphilis, attempts at abortion, poisons, etc.

But it may be allowed that diseases in the mother might so affect the foetus that treatment during delivery, which would be harmless to one, might produce death in another case. As, for instance, a scrofulous or syphilitic heredity, might so act on the bony structure of the foetus, that pressure by uterine contraction, or by forceps, or by traction by hand, would disjoint or break, while in a non-syphilitic mother or child, there would be no such effect, or by being of a frail constitution by nature, might have the same effect. In support of this, Erdmann (in the *Archives of Gynecology* Feb. 91, p 120) says: "26 per cent. of children dying after the age of viability is due to syphilis." Viewing the subject in this light, we will have to consider the foetus of average health, on which, up to the first contraction of the uterus, nature has done her perfect work, and is ready to expose it to criticism by bringing it into a new sphere of action. Premature labor does not exactly enter into the question, although a form of labor. It is gestation suddenly checked or perverted before nature has made the necessary preparation, taking her, as it were, at a disadvantage.

For convenience, I divide the process as follows:

1st. Death in utero.
2d. Death in passing from the uterus.
3d. Death while entering and while in the vagina.
4th. Death on passing the vulva.

1ST. DIVISION. DEATH IN UTERO.

a. It is possible that after the first contraction, the foetus might be killed by the mother accidently falling against some hard substance, as in the case of my own, where mother, in getting up from the night glass, stumbled against the corner of a heavy table. By this the membranes were ruptured, and when the foetus was examined after birth, two ribs and one arm were fractured, the pleural cavity filled with blood, which also issued from the mouth and nose. Prior to this accident the foetus had been active but everything ceased immediately afterward.

b. Malposition, as in chest or dorsal presentation. In either of these, lateral pressure of womb, especially if whipped up by ergot, would tend to dislocation of the head, or vertebra, or cause such pressure on brain or spinal column as to produce death. This is not uncommon even in the animal kingdom. I have seen calves born with the necks disjointed. I have thought this pressure might in a less degree, be the cause of asphyxia in many cases in which relief has failed after expulsion. The answer to the question *how many* of the deaths from asphyxia start in the effort of the womb to free itself would be rather startling.

c. Turning in utero and probable asphyxia, the cause not always being with position, but by reason of lack of skill in attendant.

d. Hydramnios, which is presumed to be the cause of some malpositions on account of too free motion of the foetus, and consequent danger thereto by necessitating reposition, and consequent danger to the foetus thus malposed.

e Knots in the cord, by stopping blood circulation. It has been doubted by some whether a cord could be knotted so tight as to stop circulation entirely.

In the case of my own of a woman who was frightened by my horse, she told me next day "the child seemed to whirl around like a top." She was in her sixth month and felt no motion of the child up to the time of delivery at full term. I attended her and delivered her of a dead macerated child with a funis forty

inches long, twisted and kinked in such a manner that the covering was broken in two places, and the blood vessels obliterated.

f. Prolapse of the cord to the side of the head, and pressure by cervix and os.

g. Cord wound round the neck once or more, or by pressure of cord against the head by one or other blade of the forceps.

In one of my cases a short cord caused by three turns around the neck nearly occasioned stoppage of the circulation. I had to revolve the child in the vagina to get slack enough to deliver. Also rupture of the cord by expulsive contractions. This cord was seventeen and a half inches long.

h. Exsanguination from separation of placenta from uterine wall. Mrs. B. had had several hemorrhages. The placenta which had been detached came away an hour prior to delivery. In this case the child was blanched pure white, the cord on being cut was empty of fluid.

i. Placenta previa acting on same principle would produce exsanguination.

k. The careless high insertion or application of instruments causing puncture or pressure, or including the cord as in a case in which I was consulted.

l. Rupture of womb and escape of the foetus into the abdominal cavity, caused most often by injudicious use of oxitoxics, or by undue pressure externally on the thinned wall of the uterus.

m. Premature rupture of membranes and expulsion of the amniotic fluid allowing undue pressure on a malposed foetus, has caused one death within my knowledge.

n. Eclampsia arising from lack of exercise, gross feeding and efforts of the uterus to free itself.

o. Carelessness and gross ignorance, or criminal act of midwives, especially in the south where they are mostly negroes.

p. Chloroform administered carelessly, or to a state of absolute insensibility, is said to retard the regularity of contractions, thus prolonging the time taken up in delivery, and stopping natural processes. I have always been careful about this and have had no trouble of the kind.

2ND DIVISION. IN PASSING FROM THE WOMB.

a. We have compression of the cord between the head and os.

b. Contraction of the os around the partially delivered head, causing confinement and great pressure on the base of the brain. I have seen some badly squeezed heads from this cause, and they are mostly born asphyxiated. Dr. Davis, of Philadelphia, in the "*Medical World*" of '94 says: "And the danger a child is exposed to is asphyxia caused by the os and cervix contracting around the head just as delivery is about to take place." I am satisfied a case of trismus under my care was caused by such contraction for about eight hours. (Mrs. H.)

c. Contraction of os and cervix around the neck causing strangulation. Some writers have asserted that the os has very little contractile power. It needs but little argument to persuade one who has had to deal with an incarcerated placenta, and the trouble he has had to extract it, that the os has a powerful contractile force. Gouche gives some instances, and every physician has had in practice one or more of the above proofs.

3RD DIVISION. ENTERING AND IN THE VAGINA.

a. Here enter in not so many natural causes. Noticeably is the impinging of the head on one or other of the hip bones, or on the pubic arch, with brain pressure or dislocation of the neck. Two cases of this have occured in my practice with one death. J. Marion Sims says: "Trismus neonatorum is often caused by pressure on the spinal column and base of the brain during the stage of expulsion under the pubic bone, or from contracted pelvis." The pressure of the top of the head squarely on the pubic bone caused death in one case, where I was called, because the ignorant negro "didn't understand the case."

b. Tightening of the cord around the neck by traction natural or artificial.

The carelessness of the attendant in using sharp instruments to rupture the membranes, mistaking the scalp for the bag of waters, and puncturing the brain. I was called, on account of this, to a case attended by a brother M. D. The brain had been punctured and the child was dead, with the brain oozing from a

wound (made by a knife) two inches long. Prior to the act, the infant had been active, but was dead and exsanguinated.

c. But when we come to add to the above, the obstetrical forceps, which are at this stage more frequently used, mechanical troubles become more numerous. Without a doubt the advantages of the use of this instrument are more than counterbalanced by the evils it entails, some of which have been alluded to previously.

4TH DIVISION. DURING AND AFTER PASSING THE VULVA.

a. Added to some of the previous troubles, pressure on the cord, short cord, etc., we come to one of the most common causes of death, to wit: lack of patience on the part of the physician. The desire to hasten the process. The pleading of the mother for relief for humanity's sake. To save time of the attendant for other cases, or other matters, he will use forceps and oxitoxics, not with the idea that it is best for the patient or child, but it gives him time to make the shekels in other cases. Such action can not be too deeply condemned. The use of the forceps when the vitality of the mother could complete the work with greater safety to the child, is a sin which the profession will have to answer for, in the murder of many innocents, before the bar of the Almighty.

b. The abuse of ergot has also somewhat to account for; a systemic poison is introduced into the mother and child, causing powerful lateral contraction of the womb, forcing at times the head against the pubic bone and consequent idiocy or death.

c. A contracted pelvis often puts in a veto to the passage of the head. Here caesarian section or mutilation and death of the infant is the exegency.

d. Undue pressure on the brain, which, if not resulting in immediate death of the body, kills the mind, and cretans and idiots live as evidence of undue and unnecessary haste. (See page 6 line 7, J. Marion Sims.) Dr. Grandin of the "New York Maternity" says, speaking of a surgical operation: "It also enables us to lessen greatly the number of epileptics and idiots whose condition may be fairly traced to pressure of the foetal brain, caused by difficult forceps extraction."

Dr. Price, of Philadelphia, in the "*Medical and Surgical Reporter*" says: "One of the most gratifying results of conservatism is the doing away with the too free use of forceps in delivery. It is no secret that the leading minds of the profession have been for sometime alive to this crying evil." And again, "the consensus of the best authorities leads to the conclusion that mortality attending non-interference, is less than that attending the use of forceps." If we take into account the rarity of deaths amongst negro infants at birth who are nearly all attended by negro mid-wives, we are left forcibly to coincide with the Doctor. And again: "we have learned the evils and bad results of hurry. The welfare of the mother and child must no longer be sacrificed to the exegencies of private practice." These few extracts are enough to show that the evil is a crying one, and should convince that hurry and the unnecessary use of the forceps, have a large balance against them.

Pulling by the head with the hands, unnecessary force being used, has in more than one case, under my observation, resulted in dislocation. How much of this enters into common midwifery practice and is set down as "still born," "asphyxiated," etc., will never be known.

The tender tissues of the young infant must be possessed of immense elasticity to bear the strain of a strong man aided by the clamp forceps around the head. I quote from the *Medical and Surgical Reporter*, April 14, 1894. Daniel Langaker, M. D., says, speaking of a case of attempted forcible delivery to which he was asked in consultation: "Together, the two physicians in attendance, succeeded in getting the instrument on the head, but ordinary tractions failed to advance it. Finally bracing their feet against the head of the bed, the forceps slipped and the operators landed against the opposite wall six feet distant." It may be allowed that as a final resort, years ago, the instrument was useful, but under improved surgery of to-day, they should be considered still more the "*dernia ressort.*"

Literature points to some sad sequela to the unfortunate mother as well. Summing up, let us look first at natural causes. There should not be so many of these in the human family. Parturition is a natural function. A noted writer says: "women

were made to have children." Another says: "a woman is a fabric built around a womb." Everything else being equal there should be no deaths at all at childbirth, except those resulting from accident, such as blows, falls or wounds, and if there were no other interference, there would be none. But the artificial or strained state of existence of civilization, together with heredity, brings on ills that do interfere.

I have tried to enumerate those most prominent. But if we will compare those in the first three divisions, I do not think they will be found more dangerous or destructive than those in the fourth "Forceps and Haste."

I have quoted the experience of Drs. Price and Grandin because I have never owned or used a pair of forceps. My total of still births in about twenty-five years practice, count up eight, from all causes. Only one of these was alive when I was called in, but the heart ceased to beat in a few moments before delivery. It may have been almost called "born alive," the interval was so short.

From my first day in practice I have viewed my patient's life and health as far more valuable than time saved and money made. I have ascribed to this my success with patients, and have used every means known to me for their comfort.

Prevention is the watchword now, rather than cure, in other departments as well as obstetrics. But how are these thousand and one ills to be prevented? It would seem easy enough when the causes are pointed out to adjust preventive measures. "A good tree bringeth forth good fruit," is as true of the human family.

Every means should be used to train the woman as to the proper age for marriage, and she should be instructed in the duties of a mother before she becomes a wife.

Whom to marry? Certainly not the diseased. More care should be exercised by them as to the care of their health in youth, as to proper training, and prevention of disease, and the man they are to marry. We select sires to our blooded stock. Why should not "selection" be carried out in the human family? They should be educated as to diet, clothing, proper and healthful exercise, avoiding excess in everything, and regu-

larity and system in eating and hours of sleep. When pregnant they should put in practice all the rules they have learned, and by care, quietude of mind and body, and regular occupation, pass the time with gradual improvement. The ancients, who were particularly interested in strong men and women, surrounded their women with all that architecture, sculpture and pleasant companionship and good food could do in producing the desired end. Wanting much of these in these "days of advanced thought and high culture" of women, cannot we look more to a sound mind in a sound body. Are not sound bodies more necessary to the nation than "higher culture?" Is high mental culture in a woman conducive to the animal economy, needed in the production of sound children, bodily and mentally?

Should it be forgotten (as seems now much feared) that the highest duty of a woman to the world is good motherhood. Her duty to herself, healthy motherhood, which means healthy gestation for future generations.

Proper physical development, aided by the advice of their physicians, he in every sense a man, patient, giving his full time to the case in hand, conscientious, not alone in the letter, but in the spirit, with a thorough knowledge of his patient and his profession, of the forces which he has to control, and the means by which it is done; watchful of every symptom and controlling by every means known to the profession; able to furnish a blood supply artificially; to absolutely quiet the nervous system (and with safety) in every phase; to raise his patient by hygienic and dietic measures from extreme nervous exhaustion; to give back to the asphyxiated or impoverished health by scientific diet, hygiene and medication, and not to rest satisfied until he has studied out the causes of the morbid condition and applied the remedy. In fact a higher practical life for women and the highest standard of qualifications as a physician.

The most terrible infliction on any community is an ignorant, careless or heartless doctor.

The rules laid down on the last page regarding women does not exclnde men from their actions.

THE BEST METHOD OF TREATING PILES.

An Address by Geo. J. Monroe, M. D., Louisville, Ky.

For a number of years I have been devoting my attention to diseases of the rectum, hence am better qualified to speak understandingly upon this class of diseases than upon any other. It is unnecessary for me to enter into a description of the anatomy of the rectum, as I take it without saying, that all of you when you attended medical lectures, dissected the rectum and surrounding parts thoroughly and completely. Therefore you actually have a better knowledge of these parts than I can give you. I will therefore, only give you a short synopsis of my experience as a specialist in treating diseases peculiar to the rectum. You are well aware that we have a great number of diseases laid down by the authors as belonging to the rectum. I believe such a multiplicity of names applied to the rectum are unnecessary and wonderfully confusing. I divide the diseases of the rectum into very few. Prominently and perhaps the most frequent of any is the common disease *hemorrhoids* or *piles*. The name piles has of late almost become domestic. Amongst the laity all diseases of the rectum are denominated piles. When application is made to a surgeon by any one suffering with any trouble of the rectum or anus, it is called piles. Too many physicians take this say-so of their patients for granted, not making any examination whatever, and prescribe accordingly. Piles are of two kinds, internal and external. Internal piles, by the authors, are divided into several kinds. I do not think this necessary or essential, as they are all treated in the same way, whether venous or arterial. This multiplying of names I think very unfortunate, as it confuses and muddles the brain of the practitioners without being of any advantage to him. External piles is probably the most common disease that any one is subject to. Very few reach the age of thirty years without having suffered more or less from external hemorrhoids. They result as a rule from constipation, although the opposite condition—diarrhœa or dysentery—may produce them. Sitting upon the damp ground, or a cold stone, while sweating, may

usher in a case of piles. Pregnancy is a common cause. Suppressed menstruation with young girls is a very frequent cause of hemorrhoids. Anything which interferes with natural conditions of the pelvic organs may initiate a case of piles. An external pile resembles a ripe grape, the treatment of which is to unload the vein by a free opening, keeping the bowels regular and keeping the general system in a state of health. Astringent ointments or washes may aid the treatment. Internal piles are an enlarged vein or artery, and are within the rectum proper. Sometimes they reach to the verge of the anus, and almost impinge upon the external parts which are covered with skin. As a rule an external pile is covered by skin. An internal pile is covered by a mucous membrane. A diagnosis as a rule can be governed by this condition. An internal pile is an enlarged blood vessel. An external pile, on the other hand, is a ruptured blood vessel with an extrusion of blood forming a clot or coagula. An internal pile never contains a clot, but the caliber of the vein or artery is enlarged. An internal pile is of gradual formation. An external pile may be of almost immediate formation. Any one may have internal piles for a long time before his attention is called to the difficulty, particularly. The first symptom noticed is an unpleasant fullness about the anus, at first unaccompanied by any real pain, simply a disagreeable sensation. There is a throbbing sensation for a short time after stooling. The tumors enlarge from day to day, and soon protrude or come down when the bowels move. For a time they will go back of themselves. Bye and bye they will not go back, and have to be pressed back. About this time they become painful and annoying. The next symptom usually noticed is bleeding at stool. This bleeding may be very little, or it may be profuse, even producing fainting. The causes of piles may be many, constipation is probably the most frequent cause. Nearly all who have suffered for any length of time with constipation will have piles. Constipation we know is produced from many causes. We may have it from the use of improper food, causing indigestion. Indigestion then, indirectly, is probably the most frequent cause of piles. Therefore as a curative method of treatment we have to overcome indigestion. We have to see to it that

the stomach, liver, pancreas, etc., etc., are in a good condition. Inheritance may have something to do with hemorrhoids. When a father has piles, the boys usually have them. When the mother has piles, the girls usually have them. The removal of piles may be accomplished by a variety of means. The general method of treatment by physicians not devoting especial attention to them is by giving a laxative of sulphur and senna, and by the use of some astringent ointment. This does afford temporary relief, and as we know, only temporary relief.

The human family therefore up to a few years ago were of the opinion there was no permanent and radical cure for piles. Many a sufferer with piles has told me there was no cure for them; that doctors so and so, and doctors so and so had treated them and had not cured them; that they expected nothing at my hands but relief. They have been surprised and almost disappointed when they have found I have cured them. Many yet have the idea in spite of the many thousand cures which have been accomplished during the last few years, that there is no cure for piles. I do not believe that a case, of uncomplicated piles exists, that cannot be cured. The old-fashioned method of treatment by the knife has become obsolete. It was a dangerous and hazardous treatment at any time. I do not know that caustic applications are any longer being used. The only treatments now being used are the ligature, clamp and cautery, divulsion and hypodermic injections. Whitehead's operation may be used by some, but I do not look upon it as being a good or safe operation. There is hardly any method but what I have tried. I have settled down to simply three: the ligature; secondly, the hypodermic method; and thirdly, the clamp and cautery These are all good systems of treatment, all successful, and there is not much to choose in either over the others. I use them all. I find in some cases that the hypodermic method seems the best. In old people or those much prostrated from any cause whatever, I believe the hypodermic method the best. In strong, rugged patients, there is not much choice between the ligature and the clamp and cautery. We have about as much pain after one method as the other. We have as much liability to sepsis, as much liability to secondary

hemorrhage. Tetanus may result from either method. I have never seen it from the hypodermic treatment, yet it has occurred. There is no surgical treatment that I know of that is devoid of danger. That method of treatment in any case where there has been the fewest unfavorable results ought (other things being equal) to be the treatment used. I certainly believe there has been fewer bad results from the treatment of piles by the hypodermic than from any other. All the pain which may result from either of the three methods mentioned, can be completely controlled by opiates in connection with hot poultices locally. In order to get rid of hemorrhoids they must slough off. I do not believe we can get rid of piles by any means of absorption. I think from my experience there is but very little real danger from any of these three methods. No doubt there have been deaths following them all. I have never had a death or anything seriously pointing in that direction from any of these methods of treatment. I am not going to enter into a description of these methods of treatment. What I aim to do in this paper is to give my opinion of the methods. The particulars you can obtain from any recent work upon the diseases of the rectum. To sum up therefore, I will say that rectal diseases are capable of producing a great amount of disturbance. No one can enjoy good health and yet have an annoying rectal disease. A vast amount of our nervousness is primarily produced from rectal diseases. Secondly, I do dot believe there is any rectal disease (except perhaps cancer) which cannot be cured. I am more than half inclined to think that even cancer of the rectum can be cured. The last three cases of cancer of the rectum, which has fallen into my hands, to all intents and purposes are well to-day. It suprises myself to be able to say so, yet it is an absolute fact. I have publicly given my method of treatment. That the results are something more than a coincidence, the three successful cases prove. I am surprised at the results. I believe we are reaching a period in the world's history, where we should not be surprised at anything. New ideas, new results are meeting us upon every hand. Apparently the results we are obtaining to-day in the relief and cure of disease, are fully as remarkable as any of the miracles Christ performed while on earth.

ANAMALOUS CASES—HYPERÆSTHESIA SEXUALIS.

L. M. PHILLIPS, M. D., Penn Yan, N. Y.

Mr. Editor—I have been asked the following question, and as the answer to it has a slight bearing upon the cases reported in this article, I give it room.

"*Psycho-sexually, do you think the Anglo-Saxon race degenerating?*" Answer—without doubt in certain directions, a large percentage of the population are. Hyperæsthesia of the sexual neuro-mechanism is very common, due no doubt to the rapid change of scene, so necessary to the abnormally active brain of the race. *Ennui* is the bugbear of the majority of our people, and to obviate the depressing effects of monotony, a rush is made for excitement, with the result of developing a neuropathic condition, or constitution, that is many times accompanied by an abnormally strong sexual instinct, which if gratified, increases in intensity, causing a central or spinal lesion, that renders the person sterile, impotent, or worse, an incurable neurosis supervenes that incapacitates the sufferer for all kinds of business or enjoyment.

Per contra, if enforced continence is the rule, there is great danger of ruining the nervous system, inducing neurasthania, if such a condition does not already exist, but in either way the mischief to the sexual centres is seriously increased.

The following case is illustrative of a class of sexual hyperæsthetics that are easily found and recognized.

M——, male aet. 39, an iron worker by trade, well developed physically, unusually developed mentally, in fact the first thing to attract attention to him, was his conversation, which was easy, refined, words well chosen, grammatical, and free from slang, or obscenity. I emphasize this peculiarity, for I look upon it as an ethical defect, for the "gift" was undoubtedly acquired, and was not the result of heredity.

His facial expression is peculiar, a neuropathic languishing look about the eyes, a constant smile around the mouth, manner somewhat dandified, yet without conceit or affectation.

He has never had any serious sickness, but for nearly three

years had quite severe attacks of atonic dyspepsia, with hypo-acidity. (I use the term *hypo* in contra-distinction to hyper, as the former condition occurs from four to six hours after the ingestion of food, while hyper-acidity may occur before pepsine digestion is finished.) Palpitation of the heart, migrane, with suffusion of the conjunctiva, and flushing of the face were noted.

Physical examination gave no results, no lesion of the viscera to be found, well developed in all directions, with the exception of possibly a slight asymmetry of the cranium.

He tells me he has been treated by many physicians for the dyspepsia, without obtaining any benefit, and when questioned upon his sexual status, he at once gave me the following facts.

From youth he was a great reader, romances of the erotic type being the most acceptable; imaginative seances in which the heroine gave up *all* for the man she loved, gave him great delight, and for days after reading one of these stories, he played the part of imaginative lover, until the idea became nearly a reality. For when in the company of ladies, he "could see through their clothing—the bare genitals." Like wine, this intoxicated him, especially if the lady was pleasing aesthetically, and the impulse, born of the imagination, became so imperative, for want of satisfaction, that an emotion of fear obtained: *per se*, a condition where responsibility of the individual becomes doubtful, psycho-sexually.

He loved the society of women, and sought to attract them by his gentlemanly deportment. In this he was quite successful, but of late was obliged to forego the pleasure of their society, because of the increasing desire, which becoming unbearable, forced him to prostitution, which he abhorred, and which was in contrast to his moral teaching.

When away from women, he was free from the impulse, but even at his work, he lived, as he expressed it, a double existence in which mechanics occupied one-half, and visions of women, in all conditions of anomalous sexual states, occupied the other part of his being. In fact, he was now never free from the erethismus.

Gradually he developed a general hyper-irritability, with insomnia, lassitude, loss of interest in his work, with threatened hypochondria. At this stage the sexual power was diminished,

but the impulse was as strong as ever. A fear of insanity took possession of his mind, and in this extremity advice was sought.

Case 2.—R——, aet. 23, male, school teacher, height six feet. weight 160 pounds, well developed physically and mentally, and presenting all the characteristics of the up-to-date young American.

Upon inquiry he says the only thing that troubles him, is inability to fix his mind for any length of time, upon any subject, nothing excites his interest.

"Nothing?"

"Yes there is one subject that is ever before my mind, excluding everything else," he reluctantly answers.

"What is it?"

In reply he states,—Lately he notices when left alone with a woman, he becomes extremely excited, sexually; that the libido increases in intensity until it reaches a point where it is nearly beyond his control; when, all at once it recedes, leaving him weak, trembling, faint, bathed in perspiration, and mentally, reduced to a condition of stupidity, from which he quickly recovers, to not be again troubled with the impulse for several hours.

He positively declares there is no pollution at the heights of the orgasm, and that he has never had spermatorrhœa, has never masturbated, and indulged but moderately in coitus, never had gonorrhœa, or syphilis, and is born of healthy parents who are both alive and well.

After one of these neuritic explosions, he is unable to sleep, and he is in the habit of sitting up all the night following, reading or writing.

R—— is very intelligent and recognizes a psychological defect, and is worried about his mental condition. Too, he has studied up the subject in such books as he is able to obtain, and are full of (to him) convincing facts as to the outcome of his condition, "which is nothing but insanity."

Let me here drop a therapeutic hint, when these "obstruse" arguments are presented by these phenomics, gently lead them beyond their depth in the whirlpool of psycho-pathological study, and very quickly you become master. Woe betide the adviser if

he is unable to prove his superiority, for his hold upon the patient is gone, who deserts him many times for the ignorant pretender.

In this case, as also in the first, the intense sexual hyperæsthesia was associated with acquired irritable weakness, while not of sufficient intensity to warrant the diagnosis of a neurosis, it was sufficiently evident to risk a diagnosis of hyperæsthesia of the cortex, and of the psyche-sexual centre (spasmodic). Excessive libido was induced by the excitability of the imagination, and by the increased association of ideas, which being co-ordinated induced an orgasm, to be followed in time by impotence, neurasthenia, hypochondria, and in certain cases of an hereditary neuropathic constitution, paranoia.

Hyperæsthesia sexualis, occurring in either sex, who are otherwise normal, mentally and physically, at once arouses a suspicion of a pshycho-pathological derangement, that demands the closest investigation. In the study certain symptoms, when found, point to a defect, and if I can find one abnormal sign I am willing to speak of it.

There seems to be with the majority of the cases presented, a quickening of the intellect. Imagination plays them all manner of pranks, which induces them to read much, talk volubly, pleasantly, to become æsthetics in dress and deportment, to invoke the ideal, shun vulgarity, obscenity. In fact they are apt to look down upon "common people," considering themselves superior in every way to the average mortal.

This abnormal symptom points at once to a neurosis, either cerebral, spinal, or general. When to this is added the hyperæsthesia sexualis, continuously present with exacerbations, intermittent or periodic, with irritable weakness, a prognosis of degenerative metamorphosis, (*per se* mania), is usually justifiable. While these degenerates may never become lunatics in the broad sense of the term, they nevertheless exhibit paranoiac phenomena, become monomaniacs—(nymphomania, satyriasis, etc)., or express themselves in delusions of jealousy, accusations of immorality against their friends, etc., or a morbid idea becomes a fixed delusion; are harrassed with hallucinations in their waking hours, and with dreams during sleep.

Periods of ecstasy (cerebral), accompanied with sexual excitation, intermit with those of depression, (hypochondria), to which is added the numerous, oft-occurring, and ever ready reflexes, until the psycho-physiological, co-ordinating relation between these centres is so disturbed, or destroyed, that living becomes burdensome, and they look with eager eyes for death to end their troubled existence.

It is easy to understand the important functional connection between the generative organs and the whole nervous system, especially its psychical and romantic functions, and a knowledge of the neuroses and psychoses, is best obtained by a careful study and comparison of the schema of these neuroses, (peripheral, spinal, and cerebral), together with heredity, constitution environment, etc.

A few words about the heredity. Case 1st was the off-spring of a drunken sire; his mother "took a drop now and then;" both were uneducated, somewhat illiterate, and given to frequent quarrels; five children preceded the birth of M—— who followed closely the example set them by their parents, developing the family characteristics as they matured. As near as could be ascertained, the whole family were intensely passionate, not sexually hyperæsthetic, but licentious from the unusual development of animal perceptions, these being accentuated by frequent congress, and from having no restraint from teaching or example.

With this constitutional legacy, and in this environment M—— matured; from youth he was obliged to work among the class from which he sprung, but æsthetics were as natural to him, or seemed to be, as illiteracy was to the others of the family, and instead of being dragged down, he become a gentleman in the true sense of the term.

I was unable to obtain any further history of the family, so I am unable to say whether or no M—— took back to some previous progenitor, for his astheticism. If so, a knowledge of the fact would be useful; if acquired, the diagnosis and therapy are correct, and by following closely every symptom as it develops, he will no doubt in time be freed from his perversion.

The already abnormal length of this article precludes the possibility of speaking of the therapy of these cases. Too

minute psycho-pathological dissection is impossible for the same cause; physiological exciting factors have been imperfectly touched upon, while symptomology has been necessarily abridged.

But I may be excused when writing to physicians, for I expect you to supply the deficiency, "asking no questions for conscience sake."

THOMPSON ON ERYSIPELAS.

Outline of Paper on the Subject in the Text-Book of the Theory and Practice of Medicine by American Teachers.

According to W. Gilman Thompson, M. D., Professor of Physiology in the Medical Department of the University of the City of New York, erysipelas is one of the infective diseases, caused by a specific micrococcus, characterized by high fever and intense inflammation, very likely to extend and become contagious, especially so when there are wounds.

He says that there two varieties: *idiopathic* erysipelas, involving the face and head; and *traumatic*, likely to originate anywhere on the body where there is a wound. Erysipelas of both varieties is now thought to be due to a common cause, *i. e.*, the presence of a certain virus, which causes violent inflammation in the immediate vicinity of the point of entrance, from poisonous products, toxines or ptomaines, which being carried into circulation cause febrile and other symptoms.

Both Fehleisen and Zeigler have described the micrococcus. Careful examination usually discovers that the inflammation has made its beginning in some abrasion, however, slight.

Age, season of the year, climate and sex seem to have very little influence in determining one's susceptibility to the disease. It has been observed, however, that women in the puerperal state are more subject to it than others.

The first indication of the presence of erysipelas is hyperemia and intense redness of the skin. Its symptoms are found to be both *local* and *constitutional*.

The first class are typical. The skin surrounding the abrasion or fissure becomes rapidly hyperemic, red, swollen, tense, smooth

and shiny. It feels hot to the touch, and the patient complaining of burning pain or itching. The outlines of the inflamed patch, while irregular, are distinct, and appear elevated. The inflamed patch extends rapidly, often involving the whole face and head, and at times, the neck and shoulders, ordinarily the maximum inflammation is attained on the third day.

In mild cases the inflammation does not progress beyond a simple erythema affecting only a small part of the face. In more severe cases the inflammation extends by advancing the elevated periphery, or by radiating swelled lines which extend into the normal skin. Sometimes the eyelids are so swollen as to cut off vision and the face becomes unrecognizable Small vesicles form on the surface coalesce and form larger ones; these fill with serum, at first clear, but later on may be purulent. This serum is capable of reproducing the disease when inoculated in man or animals. At this stage recovery may occur.

In worse cases the skin becomes soft and boggy, pits on pressure, the surface is more or less livid, superficial gangrene appears, or circumscribed abscesses form. The spread of the inflammation is somewhat affected by the character of the skin. It often stops short at a deep fold like the naso-labial, or at the line of the hairy scalp, and is often arrested at the chin.

Constitutional symptoms may proceed the inflammation or be coincident with it. Ordinarily there is a sudden onset with rigors or chills followed by a sharp rise of temperature to 104° or 105° F., accompanied by prostration, nausea, possibly vomiting, constipation and headache. Sometimes the patient complains of sore throat. The fever, while remittent, is irregular, and the temperature may be lower in the evening than in the morning, with a tendency to remain high for several days. On occasions the temperature drops to normal, soon rising again. The tongue is dry and brown, urine scanty, albuminuria ensues. and the patient rapidly passes into a typhoid condition and delerious.

Course.—Facial erysipelas as a rule runs a favorable course and subsides gradually. Convalesence naturally depends upon the duration and severity of the case and the age of the patient. Mild cases subside in two or three days; cases, ordinarily severe, in six or seven. The disease is thought to be less fatal,

and less frequent than formerly. The majority of cases recover completely. Death may result from primary toxic effects of the disease; from exhaustion and cardiac failure, or from gangrene.

The important diagnostic features of the eruption of erysipelas are the elevated, clear-cut margin, its method of spreading, the swelling of the affected skin and sub-cutaneous tissue, tendency to form blebs and bulbae, the relation between the severity of the eruption and the height of fever.

Erysipelas occurring in a previously healthy person generally runs a favorable course. The prognosis is bad in infants and very old persons, in alcoholic subjects, in the debilitated. Occurring in the puerperal state, the disease constitutes a grave complication, and often terminates fatally. The prognosis is less favorable in the traumatic variety than in the facial erysipelas. If the disease is epidemic in a crowded habitation it often becomes very virulent.

Mild cases of facial erysipelas recover spontaneously. There is no specific remedy for the disease, and attempts to abort by either local or general treatment, generally fail. It is essential to guard four points: to prevent the spread of the contagion; to keep the patient comfortable and prevent suffering from local inflammation; to support strength; and to deal promptly with complications.

A patient having either variety of erysipelas should be isolated; those in attendance should exercise the utmost care to keep away from puerperal patients or those having wounds, and should carefully protect any abrasion on their own person, and maintain absolute cleanliness of hands. All dressings used about the patient should be destroyed with fire, his bed linen, clothing, etc., carefully disinfected. Facial erysipelas has been treated in a hospital ward without its spreading, but it is always safer to isolate such cases.

The burning and pricking sensation may be relieved by mild soothing applications. Vaseline oil, containing 5 per cent. carbolic acid, also linseed oil with lime water are useful for this purpose Before using these applications, the skin should be bathed in warm water and soap and the preparation slowly rubbed around the inflamed area. Dr. Thompson says that he

has obtained the most satisfactory results by the use of a mask of soft lint cut to fit the face, with holes for eyes and nose, which is frequently wrung out in the following:

℞ Liq. plumbi subacetatis . . . . . fʒjss.
Tinct. opii . . . . . fʒss.
Aquæ . . . . . q. s. aa. fʒviij.
M. Sig. For external use.

If the skin is very tense and painful, it is sometimes more benefitted by a hot poultice than a cold. Dusting powders relieve the burning, but have the disadvantage of obscuring the outlines of the eruption.

Koch recommends painting the inflamed skin with a thin layer of the following mixture:

℞ Creolin . . . . . 1.
Iodoform . . . . . 4.
Lanolin . . . . . 10.
M. Sig. For external use.

If the cavity of the mouth be invaded, gargles of alum or boric acid should be used. In ordinary cases milk, beef juice, egg-nog, milk punch, and light starchy foods are given. Stimulants should be prescribed freely in cases which begin with severity, or in milder cases where the symptoms are prolonged. Alcohol is well borne, and 18 to 20 ounces of whisky or brandy given in twenty-four hours may be perfectly assimilated without toxic effects. If the pulse is feeble or irregular, ammonium carbonate, camphor, digitalis, or strophanthus should be added to the brandy. Patients in whom the disease spreads rapidly over the body require particularly energetic stimulation. The tincture of the chloride of iron has long been employed in England and this country, and many believe that it is a specific in erysipelas. This is not the fact, though it benefits some cases.

Delirium, one of the complications of erysipelas, is best controlled by hypodermic injections of morphine, or in violent cases by the one-hundredth of a grain of hyoscine-hydrobromate, provided the heart action is not feeble. An ice cap is to be kept on the head. The temperature, when high, is to be controlled by cold alcoholic sponge baths or wet packs and compresses, antipyretic drugs are to be avoided on account of the depression which they cause. Abscesses should be poulticed and evacu-

ated early. Gangrenous areas must be carefully dressed with disinfectants.

After *recovery* from inflammation the patient should be given a warm bath containing sodium bicarbonate, and the surface previously inflamed should be sponged with a 1:30 solution carbolic acid. During convalescence great care should be taken to avoid excesses in food or drink or over-exertion. A course of tonics, such as iron and cinchona or nux vomica may be continued until the patient's strength is fully restored. If convalesence is greatly prolonged, a change of air and scene is indicated.

ANALGESIA AND SEDATION.—AN ESSENTIAL ADJUNCT TO TREATMENT.

By John J. Sullivan, M. D.,

[University of the City of New York.]

On account of the frequency with which pneumonia in late years is accompanied with grippal symptoms, the treatment, to a great extent, has been modified or changed. The essential features in the result desired are a diminution of the pain and a lowering of the temperature. Opinions differ as to whether a reduction of the temperature influences the course of the disease, but a consensus of opinion is that *antipyretic* treatment is distinctly called for in the beginning, and an analgesic at all times, if needed to assuage suffering. *The antipyretic should be antikamnia, and the analgesic is supplied by codeine and antikamnia together.* This is given every three or four hours in tablets containing 4¾ grains antikamnia and ¼ grain codeine, throughout the period of congestion and consolidation. Where there is great restlessness, this will have a delightful effect.

In the nocturnal pains of syphilis, in the grinding pains which precede labor, and the uterine contractions which often lead to abortion, in tic-douleureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhœa, immediate relief is afforded by the use of this combination, and the relief is not

merely temporary and palliative, but in very many cases curative.

In the neuroses of the respiratory organs, great relief is afforded by the use of this combination. A paroxysm of asthma is often cut short by a full dose; hay-fever or autumnal catarrh is benefited by its use.

In the harassing cough of phthisis, or in the pain of pleuritis, in the painful sensations accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of codeine and antikamnia will not be found wanting in its action, but will give results that are gratifying to both the patient and the medical attendant. As a producer of sleep it will be found efficacious. This is doubly true when there is great nervous excitement.

In pulmonary diseases this combination is worthy of trial. It is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough in the vast majority of cases is promptly and lastingly decreased and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this tablet does it, and in addition controls the violent movements accompanying the cough, and which are so distressing.

This combination is the remedy for diabetes and is superior to any other in diminishing the quantity of sugar in the urine, and also in diminishing the quantity of urine itself in diabetes mellitus. The bulimia and polydipsia are lessened by its use, and probably the changes in the nervous system which accompany or are causative of the disease, are arrested or prevented. It also prevents waste. It controls restlessness; it relieves insomnia; it relieves distressing nervous symptoms. It relieves the craving of the stomach, and lessens the frequency of the calls to urinate.

It is not claimed that the combination will cure diabetes mellitus, but there will be, in many cases, arrest of the disease, with prolonged periods of good health, and cure in some cases.—*266 West 38th Street, New York City.*

FERRATIN OF LACTOPHENIN TESTED.

By Ben. H. Broadnax, Broadnax, La.

I want to say a good word for a couple of preparations recently introduced to the medical fraternity by Misses Boehringer and Soehne, (New York City), to-wit: "Ferratin" and "Lactophenin," My country brethren have all tried the muriated tincture of iron—perhaps the "acid iron tonic" (nitromuriatic acid and iron) they are both old timey, are good mixtures, but have the one fault, that delicate stomachs will rebel against them at times.

I have during the past unusually sickly season had several cases which could not tolerate them, and hearing of "Ferratin," as described, I obtained some and have used it very much to my own and my patients' satisfaction. My first case was a rather weakly man, suffering from the effects of protracted chills and fever, stomach very sensitive, and compelled to be very careful as to diet. I had tried, with very poor effects, my usual standbys and was a little distrustful of the Ferratin on account of its being a powder, instead of a solution. I therefore administered half the usual dose, viz: 3½ grains, and remained to see how it would act. I was pleased to note that no unpleasant effects followed. Five hours afterward I gave a full dose, (7 grains), after eating, with same pleasant effects. My patient, on these 7 grain doses per day, is doing finely.

My second case was a two-year-old child in very much same condition as number one, and the good effects of the Ferratin in 2 grain doses, three or four times a day, is all that could be wished. Two other cases are doing well. It, the medicine, seems to be all that could be wished as a medicine, and filling, in addition, the place which is not, by the usual iron medicines, viz: it is tolerated by very sensative stomachs. After repeated attacks of conjestion, by chills, it is really surprising how very contrary the stomach gets, in about 50 per cent. of my cases.

The "Lactophenin," here we have, I believe from my limited experience, a splendid sedative, combining the morphine and acetanilid effects. My first case was my wife—getting up one

morning with a "sick headache", brought on by over work with somewhat of a nervous character mixed. I tried some of my favorites, which had served her well formerly, but failed. Finally I gave her a powder of 8 grains Lactophenin. She laid down and slept for an hour, awaking free of all her previous troubles. She is now a firm advocate of the drug. Since then, I have prescribed it in several forms of headache, with splendid results. It does not seem to have the sweating property of acetanilid, nor the unpleasant sequelæ of morphine. Withal I believe it *a safe* remedy every way.

At the same time it can be used compound with salol, as is shown in a recent addition to the output of Messrs. Parke, Davis & Co., for dysentery, and has a very soothing effect on the pains usually attending that distressing complaint.

I respectfully submit this short experience to my country brethren, believing they will find other troubles in which it will do equally as good work.

FIRWEIN—TILDEN'S.—(A balsam of fir wine with iodine, bromine and phosphorus.) After a preparation has stood the most exacting clinical tests for a quarter of a century or more, it is not necessary to enter into any defense for its existence. The fact that it has survived the encroachments of competition and is more firmly intrenched in the confidence and esteem of the *profession* to-day, than ever before in its history, is a sufficient evidence of the *therapeutic value* of Firwein.

It is a balsam of fir wine with iodine, bromine and phosphorus. Having a pleasant aromatic taste, imparting a warm and grateful glow to the stomach and possessing *remarkable* reparative and reconstructive potency in chronic bronchitis, incipient consumption, chronic cystitis and all catarrhal affections of the head, throat, lungs and stomach.

In chronic bronchitis and incipient phthisis firwein exerts a most salutary effect;—promptly arrests the progress of the disease, allays irritation, controls the cough and expectoration, soothes the inflamed membranes, heals ulcerations and stimulates healthy secretions. Unlike expectorant syrups, hypophosphites, cod-liver oil and emulsion compounds. Firwein does not impair, but on the contrary strengthens and improves digestion and assimilation; a matter of the greatest possible importance in view of the fact that inanition and malassimilation are the chief sources of danger to be apprehended in such conditions.

MY success with Peacock's Chionia has been more than I expected, the patient, a lady, received more help from it than she had from all the medicine she had taken from different doctors in five or six years. I have great faith in Peacock's Chionia and I cannot speak in too high terms of its efficacy. S. J. WESTON, Des Moines, Ia.

Clinical Reports.

LUPUS (?) OF THE NOSE.

By William L. Rodman, A. M., M. D.

Professor of Surgery and Clinical Surgery in the Kentucky School of Medicine; Surgeon to the Kentucky School of Medicine Hospital, the Sts. Mary and Elizabeth Hospital, Louisville, Kentucky.

[Reported to the Louisville Clinical Society. Stenographically Reported by C. C. Mapes.]

I will report a case which is indeed a very interesting one, so far as the diagnosis is concerned. The patient, a negro woman in service of Drs. Frank and Weidner at the City hospital,

Dr. Rodman's Case. Lupus (?) of the Nose.

twenty-two years of age, was operated upon at my clinic at the City hospital, March 19th, 1895.

The history of the case is as follows: In July, 1894, she noticed an ulceration on the end of her nose, which extended until it covered the entire organ and afterward extended infiltrating the entire upper lip. A very good idea of the case will be obtained by an examination of the accompanying photograph. There seems to have been no history of syphilis, and

the woman did not remember to have ever had a primary lesion. There was no sore on either the vulva or in the groin, which would have resulted from a bubo. She is very deaf and is not very intelligent, and we could not obtain the kind of information from her that we would have liked. I heard in an incidental way that she had been under the care of Drs. Coomes and Evans at the Kentucky School of Medicine Hospital Clinic some months ago.

The question of interest which at once presented itself was, that there were but three things to be thought of, (1) epithelioma, (2) lupus, and (3) syphilis. The age of the patient clearly eliminated epithelioma. I have never seen nor do I believe any of the gentlemen present have ever seen, a case of epithelioma of the face in a person twenty-two years of age. The question amounts to a differential diagnosis between syphilis and lupus, which is a very interesting one. In the first place, I am frank to say my idea was that it was syphilis, notwithstanding her denial of the fact that she had had a sore or any evidence of such infection. There were certain things, however, that militated against this view. She was eight months pregnant and had not aborted; there were no enlarged glands in the neck, nor in the groin, though there were patches in the roof of the mouth. The discharge from the ulcer was exceedingly copious when the crusts were removed, which made it look more like syphilis than lupus. I made the diagnosis of syphilis, or rather brought it up to this point, that it lay between lupus and syphilis, with the chances in favor of its being the latter. Scraping away some tissue I asked the bacteriologist of the hospital, Dr. Cashin, to make some cultures, and report whether or not he found any tubercle bacilli. Somewhat to my surprise he made a report at the next Clinic that he had found tubercle bacilli; and he was very positive that the case was one of lupus rather than syphilis.

While it seems not quite clear to me that the case is one of syphilis, yet I am inclined to think it is, though I admit that there are certain things in connection with the case that would bear out the view of lupus—the age of the patient, the fact that the ulceration began on the end of the nose where lupus is most apt to begin, and further, the fact that it was apparently superficial,

as lupoid ulcers are apt to be, notwithstanding their chronicity at times, indicates that possibly it may be lupus, as there was no destruction of the bone. This is the rule with lupus, it stops at bone, whereas syphilis stops at nothing—destroying everything. It is not uncommon to have patches in the mouth even though the disease be tuberculous in character. We know that the march of lupus is from the skin to mucous membrane, whereas in syphilis it is from mucous membrane to skin. Unfortunately the patient is both deaf and blind, and can give us no reliable information, so it is a question whether or not the ulceration on the nose preceded the ulceration in the mouth, or whether it succeeded it. A specimen of the material was also given to Dr. Louis Frank who was to make a bacteriological examination, but I understand he has not yet made a report. There is one point that would perhaps more strongly than any other place this case under the head of syphilis, and that is the fact that this woman has had an inflammation of the eyes which was treated for syphilis. Certainly there are many things in the case that look like syphilis, notwithstanding the bacteriologist's report, and I must admit that I am still in doubt.

DISCUSSION.

Dr. I. N. Bloom:—There are certain points of differentiation between lupus and syphilis that are often overlooked. If I had any suspicion in regard to a case before me, I would look for the lupus nodules; by a careful inspection they can almost always be found.

Again the history of lupus is one that should guide a great deal in the matter of diagnosis. Rarely does lupus begin *de novo* after the sixteenth year; generally it begins in childhood, or in that age when the child approaches puberty; it is the greatest rarety that it occurs after puberty.

The point made by the reporter as regards the early occurrence of epithelioma is not well taken. While I do not remember to have seen a case of epithelioma, especially about the face, occurring in a patient as young as twenty-two years of age, still they do occur, I know, from having investigated the statistics on several occasions. Cases are mentioned in statistics as early as fifteen or sixteen years, one or two perhaps in a hundred; then from twenty to thirty years, two to three per cent; from thirty to forty years, roughly, perhaps fifteen per cent; forty to fifty years, thirty per cent. So that epithelioma could hardly be excluded. I have been told, however, that the patient had been treated for syphilis, and in the absence of lupus nodules, and from the general appearance of the face, I should

certainly begin active antisyphilitic treatment. Perhaps the mixed treatment would best suit the indications; I would give iodide of potassium and inunctions of mercury, pushing the inunctions as far as twenty-five grains per day, six times a week, even more—if necessary ninety grains. The photograph of the case shown presents no pathognomonic signs of either lupus or syphilis, as far as I can judge. As regards the mucous patches: I have seen, in cases of lupus, mucous denudation and ulceration about the throat and mouth; I have seen ulceration severe enough to destroy the soft palate, and practically the prosterior portion of the hard palate, also a part or all of the uvula. I have seen the same conditions existing in syphilis.

I beg to remind the gentlemen that if the case reported is syphilis, it is a tertiary form that may occur any time from two to twenty years. As to the theory spoken of concerning pregnancy: When pregnancy occurs in tertiary syphilis, so called, the woman may go on to full term and give birth to a healthy child. So the absence of abortion does not prove that the case is not one of syphilis.

Dr. Louis Frank:—I agree, from what Dr. Rodman has said, that this is probably a case of syphilis. My opinion is based upon the points Dr. Rodman has mentioned, also upon the fact that the entire cartilage, I might say, of the nose was completely destroyed. She had had also a kerato-iritis. Furthermore I do not believe that the bacteriological examination was correct. It might have been possible that the organism found was the bacillus of lustgarten. It is probable a mistake was made in preparing the sections, because we know it is a very difficult matter to find the tubercle bacillus even in the nodule of lupus, and to find it in the secretion would be a far more difficult thing. In view of this fact I still believe it is a case of syphilitic ulceration.

Dr. T. C. Evans:—I saw the case referred to in the City hospital, and believed it undoubtedly a case of syphilis, having previously seen it at the Kentucky School of Medicine Clinic. I think Dr. Rodman is a little mistaken about the history. It is impossible to obtain any accurate data, as the woman cannot talk, cannot hear, and sees very little. He states that the ulceration on the nose began in July. I am sure that I did not see her until after August, because my term of service at the Kentucky School of Medicine did not begin until the first of August, and while I do not know how long she had been coming there for treatment, up to the time she left the Clinic, there was no ulceration on the nose; her trouble was entirely intra-nasal. She was an exceedingly filthy woman; she would not keep engagements; I think she only came once in two or three weeks with the expectation of being cleansed at the clinic. Her appearance indicated that she paid absolutely no attention to herself while at home. The entire nares would become plugged with dried secretion, which was removed with spray or scoop. Her visits at the clinic ceased about the middle of September, 1894, and I saw no more of her until last week I found her in

the obstetrical ward at the City hospital. Dr. Frank asked me to see the case, and I recognized her as "an old acquaintance." She received no treatment for her eyes at the Kentucky School of Medicine clinic. She at that time, as she has now, had a complete posterior synechia: the iris is adherent and cannot be torn loose. In the left eye this condition is very marked, and there are three distinct gummata in the free margin of the iris. There are some things which are pathognomonic of syphilis, and this must be regarded as one. By making pressure on the nose you will find complete absence of the cartilaginous portion of the septum and a portion of the vomer, I am sure there was necrosis at the time she was at the Kentucky school of Medicine Clinic, both from the odor and from an examination with the probe.

There is absence of some of the very marked symptoms of lupus; particularly the peculiar "jelly-like bodies" which are characteristic of lupus. The edges of this ulcer are always smooth; it looks as though it were cut out, but little elevated, with a distinct areola. She is now taking two teaspoonfuls of the saturated solution of iodide of potassiam four times daily I thought to-day I could detect quite a considerable improvement in the extent and depth of the ulceration. She has been kept on rather small doses of iodide for some time. I believe inunctions of mercury have been used, but imperfectly carried out.

While I know it is rather unusual for syphilis to ulcerate and pass from mucous membrane to skin, I am inclined to think that this is one of the cases where it has done so; I am sure that the patient is the subject of syphilis, and believe this is a syphilitic ulceration.

As to her age: Judging from her looks, though I admit it is very hard to tell a colored woman's age, I would say she must be thirty-five years old; and I am very well satisfied, unless the doctor has positive evidence, that she is over twenty-two.

Dr. I. N. Bloom:—Referring to the remarks make by Dr. Frank: The methods of staining the tubercle bacillus would not bring to light the lustgarten bacillus. In other words the bacillus of lustgarten could not be brought to light by staining for the tubercle bacillus.

Dr. W. L. Rodman:—In regard to the statement Dr. Bloom makes as to the age of patients and epithelioma: I have never seen a case of epithelioma of the face in a patient under thirty-five. It certainly is very rare as young as that. Thay are usually past forty. I am not prepared to say that it cannot occur at twenty-two, but certainly such a case would be a clinical curiosity.

As to the age of patients having lupus: The doctor is unquestionably correct in stating that a large percentage of these cases occur in impubic girls, but such cases do occur in persons as old as this patient who gave her age as twenty-two, and that the ulceration began last July (1894). Therefore I say that while the statement of Dr. Bloom is correct in the main,

there are a great many exceptions, and lupus may occur in persons of not only twenty-two, but even thirty and possibly forty-five. I make this statement upon the very best authority—it often occurs as late as thirty.

As regards the appearance of the nodules which he said would be diagnostic—of course it would be, but when the entire nose is destroyed, how can we find a nodule? The patient can give no intelligent history as to when the ulceration began, and could not state whether there had ever been any nodules. When I saw the case it was in an advanced stage after the nodules had coalesced, there being one large ulcer extending over the nose and over the upper lip. So that point I take it is not worth considering as a diagnostic measure in this case. I, like the other speakers, am still quite convinced that the case is one of syphilis, and I suggested specific treatment just as Dr. Evans has done. The bacteriological examination was very carefully made by Dr. Cashin, and I spoke to him again to-day and asked if he was certain that he found the bacillus of Koch. He stated that he made three or four slides before finding the bacillus of Koch, but he eventually did find it, and is willing to state positively that his observation was accurate. We will look further and prepare to make a continued report on this question, after Dr. Frank makes an examination.

Another point about lupus which I did not bring out in reporting the case, although it is very important, and that is that lupus heals as it goes; it breaks down at one point and heals at others. This does not seem to have been true in the case I have reported. There seems to have been no effort at healing, which, to say at least, would be unusual in lupus.

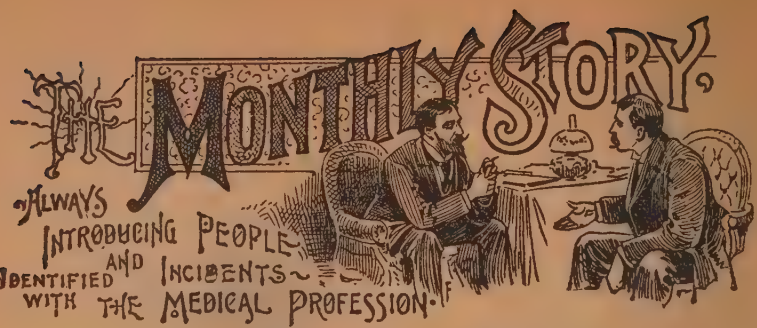
How We Intend to Check Substitution Drugs.—Owing to the fact that substitution of drugs is practiced to a great extent, we earnestly request our readers to assist us in reporting to us all cases in which they may have been the victim of this criminal offense, giving the name and address of impositors, also all particulars to substantiate their statement, such as sworn affidavit, etc.

We will expose in our columns the names of fraudulent dealers on receipt of satisfactory evidence.

All our readers will admit that a doctor who prescribes a certain remedy expects that his prescription shall be filled accordingly. A druggist has no right whatever to use his own judgment in the matter, otherwise he places the reputation of the physician as well as the life of his patient in jeopardy.

Feeling that all doctors, honest druggists, and manufacturers of legitimate preparations will be benefited by our action in this matter, we solicit their assistance.

The above notice must be considered as a warning to druggists who believe that they are at liberty to substitute drugs.



THE MYSTERY OF THE WETHERTON MANSION.

By W. C. Cooper, M. D., Cleves, Ohio.

Chapter I.

JUDGE Wetherton lived in Southern Illinois. This name is fictitious, though very similar to the one the judge wore. I refrain from giving his real name, and also from giving the name of the town near which he lived, because some of his descendants are still living there. They are high-bred, sensitive people, and I am sure would shrink from a publicity which should depend upon the price of history hereinafter contained. The judge's residence was a full half-mile from the center of the town, his lands extended to the end of the place, large tracts of it being within the corporation line. He was very wealthy, owning an estate of over a thousand acres. This included eight or nine farms with their dwellings, outbuildings, etc. Besides he was largely interested in stocks, mining claims and the like. He was one of those quiet, forceful, unapproachable men, whom people respect and shun.

His residence was a great rambling manorial house, semi-palatial in all its appointments and furnishings. Here, while his wife was alive, there were frequent brilliant gatherings, made up of the pick of society in the town and vicinity. The great *salons* would ring with music and laughter, the dancers in the dance-room would trip joyously to the ravishing laughter of sweet viols and harp, while the broad halls would be promenaded by bevies of happy, thoughtless girls, and lovers with their sweet-hearts.

But a time came when Mrs. Wetherton had to die. I was the attendant physician, and my experience in that case was the saddest professional one of my life. It was her first confinement. The judge, who was fifteen years his wife's senior, was very anxious for an heir—a boy. He had been awaiting his wife's accouchment with nervous solicitude, and when the time for her deliverance at last arrived, he was in a state of high excitement. This excitement, from one of his great natural force, impressed itself upon all of us in spite of ourselves.

As the case progressed, the very gravest apprehension settled upon me, for something was wrong. As this account is not for the professional eye alone, I shall omit obstetrical details, and merely say that a necessity for counsel arose. When I acquainted the judge with this fact, he turned white, looked very stern, almost savage in fact, and immediately dispatched a

servant for Dr. Kolb. By the time the doctor arrived, Mrs. Wetherton was moribund, and cesarean section had become a humane necessity. It is very remotely possible that earlier in the case, this operation might have saved the woman's life, but certain complicating features, which the physician can easily imagine, constrained me to take the more conservative course.

The operation was performed, and lo! a monstrosity—a child with two heads!

The Judge's grief over his wife's death, and his horror over the natal outcome were something terrible to behold. His awful stress of feeling, apprehended through his appearance and seething utterances, put every one present in a condition of trembling terror. There was only one ghastly solace connected with the terrible affair—it was almost certain that the child (children?) would not live.

Within a week after the birth, I was sent for. The messenger informed me that the double-headed child was sick, and the judge wanted me to come immediately. The reader must not conclude that because the judge was austere and exacting, he was heartless. He was naturally very considerate toward helpless innocence, and besides he was not proof against the instinct of fatherhood. He could not help it—he loved his progeny. In this case, the element of pity gave his paternal affection an intensifying quality—he loved this double messenger from heaven with all the force of his great, strong nature.

It is proper here, for scientific reasons to briefly describe this "freak." The heads and necks were entirely distinct, the union of the necks occurring at their junction with the thorax. It was highly probable that the trachæ, esophagi, blood vessels and nerves became uniform and common after entering the trunk. Young as this infant was, it was plainly evident that each head was directly individual. It could be seen too that the child was ambidextrous. There were undoubted signs too, to justify the conclusion that one bordered strongly on the brunette and the other on the blonde type. As to temperament, this does not contradict natural law, for I have seen the sanguine habit associated with decided brunettes. They could nurse separately or simultaneously, the only difference being that when both nursed at once, the appetite was satisfied twice as quickly as when only one of them was fed. They were—that is, it was a girl.

The judge had strictly forbidden that the child should be seen by any except two trustworthy nurses whom he had employed at a high salary, and whom he had sworn to absolute secrecy in all matters touching the children. If any one had, in a spirit of curiosity, managed to get to see the children, I am not sure he would not have killed him, such was his feeling under the peculiar circumstances.

I found the little ones suffering from gastric trouble, consequent in the main, upon bottle feeding. The father enjoined the most careful attention to them, both on my part and that of the nurses. But the most critical care of physicians and nurses, often enough, proves futile in this class of cases. Although I went twice a day, I had to give discouraging answers to all inquirers 'till, at last, I made my last visit.

As I emerged from the house this time I was met by Nancy Jenks, a pragmatic old spinster, who with an air of great concern, asked, "Well, doctor, how's them child?"

"Dead," was my laconic reply.

She hurried off, and I hastened to my office.

In an hour an officer called, and putting his hand on my shoulder said, "Doctor, you are my prisoner!"

I was dumbfounded. "What is the charge?" gasped I.

"You are charged with infanticide, either as principle or as being accessory thereto. Miss Jenks is the prosecuting witness. You will remain in my custody 'till a post-mortem is held, and decision rendered."

The judge strongly objected to an autopsy and insisted upon examining the prosecuting witness preliminarily. This was agreed to, and it was developed that Miss Nancy had been keyholing and had heard me say to the nurse just before going out: "Well, I am glad this thing is over with—I don't enjoy killing off children."

Such a remark from me, coupled with the desirability of getting rid of the freak, and further linked with the judge's ample ability to pay good prices, did make it look bad.

But the power of high standing and money are great. The judge held a private conference with the officers, and the outcome of it was that I was released, and all legal proproceedings quashed. I felt badly enough, and the question kept twisting itself into my consciousness; "Is it indeed, much of a sin for a physician to ease a monstrosity out of existence?"

Well the funeral was largely attended, for the judge was vastly wealthy and highly respectable, you know.

From this time on, the judge's house might almost as well have been a nunnery, for all the spirit and life there were about it. Very little company was received, and the judge spent most of his time in his office room.

Years followed each other in steady procession, just as they always have done. They kept doing this 'till seventeen distinct and separate ones had tumbled into the yawning gulf of the past. Each of these years had been doing sketch work on the face and head of the judge, 'till now each alternate hair, of such as were still left on his head, was gray, and each wrinkle that he didn't used to have, was persistently assertive in its presence. The judge was getting old.

Chapter II.

Jack Spencer and Tom Walters were newly fledged lawyers. The aroma of school life was still on them, and their cogitations suffered no breaks by sudden irruptions of anxious and impatient clients. That made no financial difference to Tom for his father was "well heeled," and wasn't stingy with his barrister son.

With Jack it was enormously different. He claimed that he could discount any church mouse on earth for poverty, and really this was not extravagant persiflage. The conduct of his first case still hovered within the state of possibility, and only the generosity of Tom kept him together. It was a pleasure to Tom to divide his allowance with Jack, but Jack felt self-condemned whenever he accepted help. It was his sober judgment, that, as he expressed it, he "was in the very vortex of a cyclonic, and entirely hell-bent exigency." It will only be kind in the reader to forgive Jack for thinking thus profanely, for really he was in an "awful pickle." At the time I speak of, he was reading *The Daily Chronicle*, while Tom was lost in a day-dream, and a nimbus of tobacco smoke.

Suddenly Jack sprang to his feet exclaiming: "Here it is Tom—just what I have been looking for. He pointed to the place and handed the paper to Tom, who read aloud, thus:

"Wanted—A young man who has natural clerical ability, and who possesses a fair knowledge of law. He must come well recommended. The right man will be given a permanent and pleasant situation, at a liberal salary.

Write or call on Judge Wetherton, W——, Ill.

"Tom, I'm going immediately. Can you advance me enough to pay my railroad fare?"

"Certainly," said Tom, "but aren't you a little precipitate?"

"Precipitate!" ejaculated Jack; "I'll be lucky if I don't find twenty starveling lawyers there ahead of me. I shall leave on the next train which departs in two hours. You know I will arrive there in the morning."

"All right," said Tom, "since it must be so, but doggone it, Jack, what'll become of me. How'll I get along without you?"

There was a quaver in Jack's voice as he answered: "The best of friends have to part, old boy. Let's take a cheery view of it—if we can."

Jack was at his train on time, and by 8 a. m. next day, found himself knocking at the judge's door.

He was received with stiff, but polite dignity by the judge. Three had been ahead of him but none of them impressed the judge favorably.

Jack told the judge all about himself, and produced excellent credentials (which Tom had gotten while Jack was packing his grip and trunk), and in consuming anxiety awaited the judge's decision.

After a few moments of reflection the judge, looking Jack straight in the face said: "Your appearance and manner please me. Can you keep your mouth shut on certain topics, if well paid for it?"

"Most assuredly," answered Jack. "My employer's interest will be my interest, and to betray him would be to betray myself."

"Spoken like an honest man," said the judge with some warmth.

Handing Jack a chair, they both seated themselves when the judge said: "A mystery hangs over this house. This will become evident to you from the cautious manner of some of my servants. Mark me—you are not to attempt a solution of this mystery. I won't promise you that such an attempt would not cost you your life."

Here, the judge paused, and Jack said: "Trust me, Judge, I shall make no attempt to unravel the mystery."

"On no account are you to ever go up to the third floor of this building," continued the judge sternly.

"I solemnly promise not to do so," said Jack, in a somewhat shaky tone.

The judge then introduced him to his business, telling him his salary, to start on, would be $1500 a year and his board and lodging. He wanted Jack to keep his accounts, collect rents, etc. He was getting old and wanted Jack to supervise all his affairs as he got acquainted with them. His legal knowledge would be frequently brought into requisition.

Well, things went along pleasantly. He found the judge to be (exteriorly) a cold, severe man of the world. As their intimacy deepened, he crept closer to the judge's heart, and the closer he got to it, the gentler and more human he found it to be. Without trying to do so, he found that the judge was carrying in his scarred heart a great secret anguish. Would they ever grow close enough to each other for his employer to feel justified in taking him into full and doubtless confidence? It seemed highly improbable.

In his intercourse with the citizens of the town, and with the judge's outside employes, he fre-

quently heard undertone remarks about the mystery of the Wetherton mansion. One day he overheard an old darky tell another that "Massa judge" kept his wife and baby upstairs in alcohol. "Dat womern 'at wears spectacles and figgers round dar so much, is de guvness ob de dead folks, and dem other fine lookin' ladies wuz ahtists of some kind," said the colored man.

Jack and Tom corresponded as regularly and affectionately as brothers. They missed each other's society very much. Tom was an accomplished flutist and Jack could make the violin talk. What glorious little "two-ply concerts," as Tom called them, they had had together. Would they ever have that pleasure again?

One day while the judge was away from home, Jack was suddenly startled half out of his senses, by the cry of fire on the third floor, and screams for help!

Impulsively he started to help, then recollecting his oath, he stopped.

The cries of terror and screams for help were renewed with increased urgency!

His generous manhood overrode everything else and he flew to the scene of danger. He got there none too soon, for high up on a wall some rich tapestry was in a blaze. Only an agile and cool-headed man could prevent an awful conflagration: Jack was equal to the emergency and soon had the fire extinguished.

As he rushed into the room, he caught a glimpse of satin skirts and twinkling feet as the door closed between that and another room. Only that much, but something in their quality set his heart to beating tumultuously. Jack was a rather susceptible young man.

"To whom did those marvelous feet belong?" That was the ever recurring question in Jack's mind.

When the judge returned home, Jack honestly told him all about it.

The judge turned purple, and suddenly extended his hand as if to grasp Jack's then as suddenly flew to his desk and took out a revolver. The lividity of his face increased; the revolver dropped from his hand, and he fell to the floor—*dead!*

There was no responsible person in the house, except the elderly, spectacled lady of the third floor. Jack went upstairs three steps at a time, and flew along the grand hall till he reached the door of the room in which the fire had occurred. As he neared the door he became conscious of the sweetest, tenderest music he had ever heard—a soprano and alto voice which seemed to come from the throats of angels, backed by the most highly artistic piano accompaniment. Dreadful as was the emergency he had to pause a moment before knocking. His excited knock brought the spectacled lady to the door in an instant: As she opened it, a figure darted from view through a portiere. Jack saw about as much of it as before.

Hastily, he told the lady what had happened.

She screamed: "The judge dead? Oh, my God! What shall we do?"

Instantly there were two outcries, the most pitiable conceivable—in the room.

"My poor, poor darlings!" cried the lady, rushing toward the portieres. In another moment, she called excitedly for help.

Jack hurried in, to find two beautiful girls in a faint. A large shawl concealed all but their faces. Jack had their heads lowered and procuring water, dashed some in their faces.

They soon revived. When they opened their beautiful eyes and beheld a handsome young man bending over them, they came near

fainting again. It was the first time they had ever been face to face with any man but their father, for they had been close prisoners in a palace all their lives. As the reader already knows, they were the double-headed child. Their funeral had been a mock one, and I had been employed as a blind. That explains that suspicious remark of mine, which eavesdropping Nancy overheard. It also explains the result of the judge's conference with the officials.

The moment Jack could be spared he hurried down stairs. He rang for a servant, and the matter was hastily explained. The news rapidly spread, and the house was soon thronged with employes, neighbors, and friends. The coroner was notified and an inquest held, the result being a verdict to the effect that the deceased had died of apoplexy.

The judge had told Jack where he kept his will. After the funeral this was procured and Jack having been the judge's secretary and business confidant, and the judge having no near relatives, it was proper for him to read the will to the family. This necessitated a meeting with the young ladies.

The spectacled lady informed Jack that before he did this, she wished him to have a private talk with the family physician.

Accordingly, I was sent for. The spectacled lady met me at the door, and requested me to explain everything to Jack. She couldn't do so without violating sacred pledges. She then ushered me into the office room and introduced me to Jack. This was unnecessary, for I had become quite well acquainted with him, but she didn't know it. Our greeting was that of old friends, which was a pleasant surprise to her.

She retired, and I explained the whole situation to Jack.

Great indeed, was his surprise, and very considerable too, was his horror.

"And their names are Anna and Alice?" said Jack. "Which is Anna?"

"The blonde," I replied. I went on: "They are as innocent as babies. They are well educated and highly accomplished. They are beautiful as *houris*, and their natures are as sweet as they themselves are beautiful. Alice is much the stronger and more assertive character. Aside from their common body, she is much more vigorous physically than Anna. As a result her head and neck is gradually encroaching upon those of Anna. Nature is attempting to right a physical wrong and to become self-consistent.

"How marvelous!" exclaimed Jack. "I both long and dread to see them."

Prepared thus, Jack hoped he could meet them, without shocking them by a start on his own part.

When, however, he was ushered into their presence, the blaze of beauty that met his expectant eyes almost overcame him. The highest artistic talent had been employed both to decorate and furnish the suite of rooms occupied by the twins. They were seated near the middle of the room, and suggested to Jack, nothing so much as two diamonds, central to a sunset of virgin gold.

With the very promptest quality of instantaneity, Jack fell in love with Alice. His agitation on this account was so great that he could hardly read the will. However, he succeeded in doing so at last.

The judge after having handsomely remembered all his old and tried employes, had bequeathed his entire

estate to his twin daughters, Anna and Alice. It was his request that they should be furnished every luxury that money could buy, and that they should be kept in strict privacy all their lives. He could not endure the thought of their being seen through unpitying, curious eyes. This, in his mind, amounted to a coarse profanity—a cruel personal outrage. I had been named, as his administrator.

Jack was hopelessly, helplessly in love with Alice. In the innocent frankness of her unsophisticated nature, she had confessed, without a moment of hasitation, that his passion was fully reciprocated.

Now here *was* a situation! How would all this end?

Alice and Anna were nearly inconsolable over their father's death. Alice, however, rallied from the shock as the weeks dragged by. She had Jack's love to lean on and feed on. Not so, Anna. In a decline before her father's death, this calamity gave her a tremendous downward impetus, and she had not the tonic of a lover's helpful sympathy and councils to brace her. It became evident that she was rapidly sinking back to God.

I attended the case closely and carefully. Besides the physio-psychological interest it held, the sweet attractiveness of Anna con tinually beckoned me to her side.

She was absolutely certain that she could die without involving the death of her sister. Alice, herself, felt sure of this too. It seemed that some infallible intuition guided them to this conclusion.

Since her father's death, and, especially since Jack's appearance upon the scene, Anna became positively anxious to die. There was nothing in the world left for her to live for, for however dearly Alice might love her, the conditions were such now, that life for herself meant wretchedness for her sister. Unless her sister could be happy, she could not. Thus, if she could die, two could be perfectly happy; if she should live, three would be miserable. Her intense desire to die, no doubt hastened that event. At any rate, in a little less than two months after her father's death, Anna died. I was present when she breathed her last, and the scene was the most touching one I ever witnessed. Her complete self effacement for the sake of those she loved, almost materialized the glorious halo about her head, which our souls could see.

The necessity of amputation was evident to all. Alice insisted on holding the corpse two days, as was the custom with all civilized people.

I took advantage of this to send for Dr. ———, a prominent New York surgeon, who died only a few years ago. The reader may have known him personally; certainly, he knew him reputationally.

The doctor came promptly. By the time he arrived, a line of demarcation had formed, and this was surgically helpful, of course. Here, I shall skip all surgical detail, which would be interesting to doctors only, and simply state that the operation was a success. This was without doubt, the most *capital* operation ever performed by any surgeon, and what additional lustre it would have imparted to the operator's name, if we had dared to make it public! Only a very few trusted friends knew anything about it, and they were pledged to eternal secresy.

Alice made a quick recovery, her neck rapidly growing into a correct relationship to her body. The outcome was a faultlessly beautiful young woman, whom to see was to love.

Her feelings, after separation from her sister will have to be imagined —they were past description. The head of her sister was preserved in

alcohol, to be buried with herself when she should die.

It was given out in the town and neighborhood that, having no near relatives, the judge had willed his estate to his nearest friend, his private secretary, Jack Spencer.

It was further represented that Jack was engaged to a beautiful and accomplished young woman in New York.

Jack and Tom had lately kept the mail route hot, arranging things.

One night, several months after Alice's complete recovery, a close carriage drove up to the door of the Wetherton mansion. Jack and Alice entered it, first embracing and kissing the spectacled woman. They were driven to a distant station, where they embarked for New York. Arrived, they went straight to Jack's home, Tom and Jack's sister having met them at the station, with a hack.

On the next day, there was a double wedding at Jack's home, Jack securing a wife and brother-in-law simultaneously. They made a tour of Europe together, got back safely, and settled down to the blessed realities of happy married life.

THE November issue of the JOURNAL contained a more than usually interesting article from the pen of the widely known writer, W. E. Anthony, M. D., Providence, R. I., entitled: "A Strange Coincidence." We printed it under the impression that it was a chapter from the varied experience of Dr. Anthony, interesting both as a narrative and from a psychological point of view, touching upon a field of investigation just now attracting a great deal of attention. An article by Mark Twain published in one of great secular monthlies three months ago, treated of the same subject in identically the same way.

Dr. Anthony at once perceived our misapprehension, and kindly informed us that his was a "story," for the most part a work of his imagination. Our reason for making this explanation may be found in an extract from a letter received by us from Dr. Anthony. In it, he says:

"I made the explanation to you as I did not care to be placed in the position of the missionary who was sent to preach to some Indians. He had been well received and made a favorable impression, so that when he began his bible talks, they accepted his version of the "snake" story without question; the story of Jonah and the whale was hard to digest. When he told about the "firey furnace" they lost all confidence in all that had been told. Now I may have something more for you sometime, and when I do would prefer to have the confidence of my readers."

DR. T. C. MINOR, one of the most brilliant and widely known members of the medical profession in Cincinnati, on Saturday evening Nov. 16th by mistake, took belladona for bromide of potassium. He had been feeling nervous and debilitated all day, and after taking the medicine lay down. His condition became rapidly worse, and fearing that he had taken the wrong medicine he got up and examined the bottle, confirming his worst suspicions. He hurried across the street to the Grand Hotel where he took several strong cups of coffee, some brandy and an emetic by means of which he got rid of the poison.

AT THE GATE

In the warm, health-giving weather
My poor pale wife and I
Drive up and down the little town
And the pleasant roads thereby;
Out in the wholesome country
We wind, from the main highway,
In through the woods' green solitudes—
Fair as the Lord's own day.

We have lived so long together,
And joyed and mourned as one,
That each with each, with a look for speech,
Or a touch, may talk as none
But love's elect may comprehend—
Why, the touch of her hand on mine
Speaks volume-wise, and the smile of her eyes,
To me, is a song divine.

There are many places that lure us:—
"The old wood bridge" just west
Of town we know—and the creek below,
And the banks the boys love best:
And "Beech Grove," too, on the hill-top;
And "The Haunted House" beyond,
With its roof half off, and its old pump-trough
Adrift in the roadside pond.

We find our way to "The Marshes"—
At least where they used to be;
And "The Old Camp Grounds;" and "The Indian Mounds,"
And the trunk of "The Council-Tree:"
We have crunched and splashed through "Flint-Bed Ford;"
And at "Old Big Bee-Gum Spring"
We have stayed the cup, half lifted up,
Hearing the red bird sing.

Then there is "Wesley Chapel,"
With its little graveyard, lone
At the crossroads there, though the sun sets fair
On wild-rose, mound and stone . . .
A wee bed under the willows—
My wife's hand on my own—
And our horse stops, too, . . . and we hear the coo
Of a dove in undertone.

The dusk, the dew and the silence!
"Old Charley" turns his head
Homeward then by the 'pike again,
Though never a word is said—
One more stop, and a lingering one—
After the fields and farms,—
At the old toll gate, with the woman await
With a little girl in her arms.—

JAMES WHITCOMB RILEY in December *Ladies' Home Journal.*

"I never saw a purple cow,
I never hope to see one;
But I know one thing anyhow,
I'd rather see than be one!"

PROSPECTIVE JOY.

"Say, Chimmie, come down—goin' to have a bully lot o' fun." "W'at?" "We've fed de goat six seidlitz powders, an' now we're goin' to let 'im drink."

In a Maoriland office the reporter lately wrote: "Dr. Johnson felt the deceased's pulse before prescribing." The printer sets it up: "Dr. Johnson felt the deceased's purse before prescribing."

HAD STAYING POWERS.

Zigler—"Have you ever tried any of those one-night corn cures?"

Jazler—"No. What's the use? I've never had one-night corns."

"I ate a piece of pie for supper last night."

"How did you feel when you awoke this morning?"

"I haven't been to sleep yet."

NO NEED IN HIS CASE.

Sunday-school teacher (solemnly)—"Every one must be born again."

Tommy Traddles—"Please, teacher I was born again, the first time."

Sunday-school teacher—"What do you mean?"

Tommy Traddles—"I'm twins."

He read that germs were in his food,
That microbes filled all clothing;
That water held a deadly brood,
So turned from it with loathing;
Bacilli hid in beauty's lips
Were wafted on each breath;
And, having scanned these various tips,
He gladly welcomed death.

SCHOOL EXAMINATIONS.

This question was set at a school examination: "What do the letters 'R. I. P.,' often seen on tombstones, mean?" And the answer was: "Return, if possiple." A good boy that. Another good boy was reciting at school. There came this passage: "The flowers bow their heavy heads needing support." The ingenious boy recited: "The flowers bow their heavy heads needing some port."

It was a very cold morning, and Bobbie came rushing into the house very much excited.

"Mommer," he cried, "there's something the matter with me. Please send for the doctor. I'm breathing fog!"

"Jimmie," said the boy's interested uncle, "I hope you take pains with your lessons in school."

"I took pains with 'em to-day, anyhow," replied the young gentleman.

"Unusual pains?"

"Yes sir; unusual pains; teacher whipped me twice."

DIED IN AN UP-TO-DATE MANNER.

"Oh, he was so kind and good and true."

Sorrowing friends tried to console her.

"But he is gone, gone—Boo, hoo!"

Again the tears flowed afresh.

"How did it happen?" inquired a late arrival.

"Carbolic acid and rose water," moaned the widow.

A shudder ran through the assemblage of weeping microbes, while the widow gave herself up to another spasm of intense grief.

WHAT HE WAS AFTER.

Clerk—"That gentleman you sold a bottle of hair dye to three weeks ago was here again to-day."

Druggist—"Was he after another bottle?"

Clerk—"No, sir; he wanted to know if we kept wigs."

THE TONGUE CAUSED THE TROUBLE.

Mrs. Docer—"The doctor called again to-day and I just gave him a talking to for not coming before. He was here last week and asked to see my tongue and then went off without giving me anything."

Mr. Docer—"And this time you gave him a taste of your tongue. That ought to enable him to diagnose your case perfectly."

EXTREMES.

"It seems to me," said the cheerful idiot, "that they are carrying dryness to extremes in New York."

"What's that?" said the prohibitionist boarder, eager for the fray.

"Well, first they jumped on the saloon men for selling liquor, and now they are after the milkmen for selling water."

"Doctor," said an old lady the other day to her family physician, "can you tell me how it is that some folks are born dumb?"

"Why, hem! certainly madam," replied the doctor. "It is owing to the fact that they come into the world without the faculty of speech."

"Dear me!" remarked the old lady; "now just see what it is to have a medical education! I've asked my husband more than a hundred times the same thing, and all that I could get out of him was, 'because they are.'"

One Good Turn, etc.—Flossie (who has overheard conversation between her father's groom and the family doctor)—"Ain't you going to buy our gee-gee?"

Doctor—"No, my dear, I want a larger horse."

Flossie (reproachfully) — "We always take any size baby you choose to bring."

Eminent specialist—"Yes, madam your husband is suffering from temporary aberration, due to overwork. The form of his mania is quite common."

Wife.—"Yes; he insists that he is a millionaire."

Eminent specialist—"And wants to pay me $500 for my advice. We'll have to humor him, you know."

J. Cæsar Moraudant, M. D., (decisively)—"I leave the profession to-morrow to accept a position in a hardware store."

J. Brutus Maguire, M. D.—"What! Leave the profession? Never! My dear fellow, think of the many ties—"

J. Cæsar Moraudant, M. D., (grimly)—"I am thinking of them. I have just walked here from Syracuse."

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

With Tail Feathers Driven In.

Dr. Forbes Winslow, D. C. L., who received conspicuous mention in the November JOURNAL, has gone back to England. At last his yearning desire for notoriety was fairly cloyed. To be sure the variety of notoriety was not of his choosing, and it is highly probable that he went away, figuratively speaking, with a dark brown taste in his mouth, and with a

MEDICAL EXPERTS LISTENING TO FORBES WINSLOW'S TESTIMONY

We are indebted to the courtesy of the *New York World* for cut.—EDITOR.]

urry tongue. It might not be agreeable, but it would do that contingent of the medical profession in the United States who encourage such men as Winslow and Hart to come here, to hear what that worthy pair have to say to each other about the United States when next they meet within sound of Bow Bells.

The final discomfiture of Forbes Winslow was brought about when he fell into the hands of Lawyer McIntyre for cross-examination at the Hannigan murder trial. All the leading New York papers gave prominent place, and unlimited space to a report of the Winslow episode. On the first page of the *New York Sun*, on the morning of November 13th, top of the third column we find the following:

"Forbes Winslow, expert.—An unpleasant cross-examination in Hannigan's trial.—He's not "the" Forbes Winslow, changed his name—Not a doctor of medicine, but M. B. and D. C. L.—Asserts his eminence as an alienist in England—His theories about the insanity of criminals—Doctors smile at some definitions."

On the same morning the *New York World* starts off with this:

"Winslow on the rack.—Mr. McIntyre causes the English alienist to become badly tangled up.—Other experts laugh at him.—Admits that he was not christened Forbes Winslow and that he is not Doctor of Medicine."

The *New York Recorder* editorially remarks:

"The so-called Dr. Forbes Winslow, also a so-called insanity expert, came to this country two or three months ago with a great flourish of trumpets. Yesterday he left this country with a very small band, his tail feathers completely driven in."

Here are a few of the questions asked by Mr. McIntyre, with their answers.

Q.—You are not the distinguished Forbes Winslow, are you? A.—I'm not my father.

Q.—Are you regarded as an eminent alienist in England? A.—I am.

Q.—So characterized by whom? A.—By everybody.

Q.—Is there another Forbes Winslow, an alienist, in England? A.—I am the only Dr. Forbes Winslow in London.

Q. Give me the name of some one person in England who has characterized you as eminent? A.—I decline to be insulted.

The witness looked appealingly at Justice Ingraham, and Mr. McIntyre took another tack.

Q.—What is your right name? A.—Forbes Winslow.

Q.—How long have you had that name? A.—Twenty-one years.

Q. Why did you change your name? A.—I changed it at the death of my father. I had been associated with him so long that he wanted me to adopt his name.

Q. How many other Forbes Winslows are there in your family? A.—Two; my brother and cousin.

Q. And you have the same name as your brother? A.—Yes.

Q. What is your full name? A.—Lyttleton Steward Forbes Winslow.

Q.—Now, you're not a doctor, are you? A.—I am a Bachelor of Medicine and Doctor of Civil Laws, which is practically the same thing.

Q. Do you mean to say you are a qualified physician? A.—I have only to pay a fee to become one.

Q.—Have you not paid that fee? A.—No.

Q.—Then you're nothing but an ordinary every day expert? A.—Yes, if you want to put it that way.

The witness said he came here on Aug. 21 to attend the Medico-Legal Congress at the invitation of Clark Bell. Mr. McIntyre hurled his questions at the expert rapidly. Meanwhile, Lawyers Brook and O'Sullivan were on their feet alternately objecting and remonstrating.

Q.—You remember reading about the case of H. H. Holmes, who was convicted of murder in Philadelphia, the other day? Did you write an article concernlng Holmes' mental condition? A.—Yes.

Q.—Did you ever see him? A.—No.

Q.—And still you declared he was insane? A.—Yes.

Q.—You also wrote an article declaring that William Henry Durrant was insane? A.—I decline to answer the question.

Picking up a newspaper clipping Mr. McIntyre read a reported statement by the witness that a very small number of men accused of crime are sane. The expert said he did not recollect making such a statement, but might have said it.

Q.—What insane asylums were you ever connected with? A.—I was connected with two in England.

Q.—They were private boarding houses weren't they? A.—No, they were asylums.

Q.—Who owned them? A.—My father.

Q.—Were you ever connected with a public institution having the care and custody of the insane? A.—Yes, in Belgium.

Did you qualify as a physician there? A.—Only as a consulting physician.

There were present in the court room at the time of Winslow's cross examination many insanity experts, among them Drs. Hammond, Carlos, F. MacDonald, Geo. W. Jacoby, L. C. Gray. It is said that they fairly gasped when Winslow admitted that he had never heard of Dr. Lewis, the great authority on the pathology of the brain.

It will begin to be apparent before long that the members of the English medical fraternity can teach the profession of this country neither medicine nor morals. Ernest Hart came over here ostensibly to revive the flagging in interest and loyalty to the Code of Ethics. He preached one thing, and did something quite different. He loudly recommended "self-effacement" and the back seat generally for us, but left no stone unturned to spread his own name of fame. He proved himself a self-seeking hypocrite, and such, as a rule, are all who profess to follow to the letter the Code of Ethics, Some cynic has said that his motto is: "*Do as I say, Not as I Do.*"

Following Hart comes Forbes Winslow, heralded as the world's most famous alienist, at the end of a three month's sojourn we find him laughed at for his crass ignorance.

We very easily come to the conclusion with such obj ect essons before us, that our own doctors are morally and mentally unexcelled in all the world.

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. X. *DECEMBER, 1895.* *No. 12.*

Editorial.

Looking Both Ways.

The past year has been a prosperous one for the JOURNAL. A large number of new subscribers have been added. Old friends have stayed with us, giving us help and support. Manufacturers are more and more appreciating our value as an advertising medium. There has been all along a snap and go that means life and growth.

We are writing the closing words of the last issue of the JOURNAL for the year 1895 with a feeling of greater satisfaction than on any similar occasion in its history.

We turn to the coming year not alone with hope, but with enthusiasm, believing that it holds for us a greater measure of success than any of its predecessors. We have demonstrated that the vast majority of the medical profession want to hear all sides of every interesting question. They approve of independence. After all is done and said, there is at bottom a common platform on which every worthy man ultimately stands. This platform is so brief and simple that no one need orget it. The Golden Rule covers the whole ground. There is not an inch of room here for any man who is not in thought and act a *gentleman*. Is there a flaw in such a *code?*

The novel features of the JOURNAL have met with approval. The idea being to make it an agreeable companion at all times, not alone for serious and studious moments, but for the many hours of weariness that come to every busy practitioner's life when relaxation and amusement are demanded.

The JOURNAL will be better next year than it has been. We know what is required to make it better—more money and more work. We accept the conditions.

No journal can stand still. It must either advance, or fall away. The health of a journal is maintained by old supporters

renewing their subscriptions, and by acquiring new subscribers. As a tonic, we are offering a line of premiums of unusual variety and merit. It seems to us that there is a great mistake often made by publishers in exerting all their efforts to secure new subscribers, extending all their inducements to them. If we had to choose between a new subscriber, and an old subscriber renewing, we would prefer the latter every time, and so we offer our premiums to old and new alike, confident that our unusual efforts in your behalf will meet with hearty responses.

Finally allow us to thank you, our old friends, for past favors, and *all* in advance for future consideration. Accept our best wishes for the New Year.

* * * *

Straws, Ingenious and Inexpensive.

If current report be true, the last conspicuous personage who has taken fright at the nameless dangers that are said, by some, to lurk within the holy communion cup, is the Rev. T. DeWitt Talmage; and we are creditably informed that the health of the communicants of his new charge in Washington is to be guarded in a startlingly unique manner. Dr. Talmage has recently been called to share, with the venerable Dr. Sunderland, the labors and emoluments of the pastorate of the First Presbyterian Church of the capitol. No church in this country draws more distinguished audiences within its portals. None whose past is more crowded with the association of great men and events. At its chancel rail have stood, as brides, the daughters of the great, and bride grooms who have hardened into men who have moulded the nation's policy. Here too, have been performed obsequies over others no less distinguished, cut down while serving their country at the seat of government. These facts are recalled that the full force of Dr. Talmage's innovation may be appreciated.

Hereafter, on Sundays when the Lord's supper is celebrated, *straws* will be distributed in the pew racks throughout the First Presbyterian Church in Washington, and instead of any one defiling the cup, or running the risk of infection, each will extract the wine by means of a straw. It must be confessed that, in view of Dr. Talmage's well-known *penchant* for sensations, the suspicion

involuntarily arises that he has seized the passing prejudice, current in some medical circles, to get himself talked about, and to initiate himself in his new place in a fittingly characteristic manner. The picture that the innovation calls to view is not so dignified as it should be. The idea of the President of the United States, cabinet ministers, judges of the supreme court, senators and congressmen adapting themselves to the new condition is a little ludicrous, and brings to mind the words of the Hoosier poet, something about "a suckin' cider thro a straw." But who knows? Perhaps they will think of the same thing, and the thought will carry them back to the old orchard of their boyhood, and the beautiful Indian summer days, when, careless and happy, they were, sure enough, sucking cider through a straw, and the reminiscence may avail more than any stately ceremonial.

* * * *

This May Mean You.

The constituency of this JOURNAL is a prosperous one. Our subscribers—in the great majority of cases—are not only *good doctors*, but *good business* men, as well. There is no one thing on which we congratulate ourselves more heartily than on this. The end of each succeeding year finds on our book fewer delinquent accounts, a greater percentage that are paid well in advance. This satisfactory state of affairs exists to such an extent that it is a matter of pride with us that we have to send out fewer bills, and do less dunning in our editorial pages than any journal, of large circulation, in the country. It is both a privilege and a pleasure to do all in our power for the interests of those who so heartily appreciate our efforts and so promptly reciprocate them. We are going to make the JOURNAL better for you next year than ever before. In our list of premiums printed elsewhere, it is hoped, and intended, that there is something which every one of you will be glad to have.

Those who have not settled for the last year will do us a favor by letting us hear from you as early as convenient. We wish it understood that this request is made on the grounds of common courtesy, with nothing of the *must* and *shall* element in it. For the courtesy we have extended you, we expect an equal measure in return.

Dr. L. M. Phillips. Readers of the JOURNAL will be interested in knowing that Dr. Phillips of Penn Yan, New York, who has contributed a series of most interesting articles to our pages on *Nymphomania* and kindred complaints, is engaged upon a new novel, that will take all of his leisure time for the next few months, to the exclusion of other literary work. Dr. Phillips writes us that his new story is a tale of the east and the west. Opening scenes are laid in central New York; later the stage of action is transferred to a Nevada mining camp. "The motif is telepathy (mind transferrence), and gives the author opportunity to work into the plot, the peculiar, mysterious and beautiful phenomena of clarivoyance, clairaudience, psychometry, etc." Those who have read Dr. Phillips' novel *Miskel* will await impatiently his new book. By the way, we have been frequently asked where and on what terms copies of *Miskel* can be obtained. It can be had from the Editor Publishing Co., Franklin, Ohio. The price, in cloth, is $1.00; in paper 50 cents. If you have a professional brother to whom you want to send a Christmas remembrance, we suggest a copy of Miskel, as one sure to be acceptable and appreciated.

PSEUDO-CHANCRE.—[By Wm. S. Gottheil, M. D., read before the Section of Dermatology and Syphiligraphy at the meeting of the American Medical Association, Baltimore, May 8th 1895. *New York Medical Journal*, September 28th, 1895].

Reinfection syphilitica does occur, but the recorded cases that are entirely trustworthy are very few indeed. Analysis shows that most of them are manifestly errors of diagnosis.

The following lesions may simulate chancre:

a. Artificial indurations caused by irritants applied to simple lesions.

b. Nodular lymphangites, as occur in gonorrhœa.

c. Scabies, where penils lesions are the rule.

d. Secondary indurations at the site of the initial lesion (Fournier's pseudo-chancre).

e. Secondary syphilitic papules or tubercles situated upon the genitals.

f. Ulcerative gummata of the genitals.

g. Epitheliomata of the genitals.

Two such cases have recently come under the author's observation. In the first one a non-specific sore was irritated with cauterisants until it exactly resembled a sclerosis, and was so diagnosticated by competent authorities. Nevertheless it healed up under local treatment alone; and until now, two years after date, no secondary symptoms have appeared.

The other case was one of gumma of the penis in a subject in the tertiary stage of syphilis. The lesion resembled an initial one very closely, and was at first regarded as such; but a close examination showed the presence of evidences of past specific disease, and this was confirmed by the history. The entire lesion melted away under the iodide of potassium.

Conclusions:

1. These is no characteristic sign, and no characteristic combination of signs, that enables us to diagnosticate a chancre from the lesion alone.

2. Only the advent of other syphilitic symptoms enables us to form an operation as to the presence of systemic infection.

3. Almost all the alleged cases of syphilitic re-infection are of doubtful validity; and the most of them are pseudo-chancres belonging to one or other of the above varieties.

Book Reviews.

Advantages of Chastity, Physical, Intellectual and Moral, by Dr. M. L. Holbrook. 12 mo. pp. 120; price cloth $1.00. This book is a subject of much importance to our race and a subject too often neglected by parents and the public in general. The author presents a clear, concise understanding of the advantages of chastity in a way which cannot fail to be appreciated by all his readers. He gives evidence of being a scholarly writer and a great familiarity with the opinions of the various writers upon this topic, as well as the more ancient classic literature. He has a wonderful command of ideas, and his pen responds well to his bidding.

While this subject is too frequently considered a delicate one to introduce into the family circle, Dr. Holbrook has presented his ideas in language which warrant any parent in placing this volume in the hands of a much

beloved son or daughter who cannot fail to derive inestimable benefit from a careful perusal of its pages. We hope to see this work given the wide circulation that the high standard of its morals deserves.

Medicated Inhalations, by John M. Scudder, M. D., late professor of practice of medicine in the Eclectic Medical Institute, Cincinnati. With an appendix on diseases of the nose and throat by Wm. Byrd Scudder, M. D., Prof. of Ophthalmology and Otology, and diseases of the nose and throat, in the Eclectic Medical Institute, fourth edition, Cincinnati. John M. Scudder's Sons, 1895, 12 mo. pp. 159. Price, cloth $1.00.

This work is number two of the series of eclectic manuals, and is a very handy little volume, containing a number of formulas which will prove useful to the general practitioners as well as specialists.

The first 91 pages of this work was written in 1874, which accounts for the omission of a number of remedies which of late years have been found to be serviceable. For example, in discussing the treatment of phthisis no mention whatever is made of the more modern methods of using creosote except to mention its use in combination with tar as tried by Elliotson who discontinued its administration after a short time. The tubercle bacilli do not seem to have bothered the author very much as he does not dignify it with a mention.

Catarrh, however, is dignified by being credited as a disease while more modern authors are content to call it but a symptom. A commendable feature of this work is that it is neither filled up with an almost endless array of illustrations of instruments making it a veritable surgical instrument catalogue, or page after page of discussions upon various debatable questions, but the author has given in most instances what he has found to be the most reliable and successful line of treatment.

We are pleased to note that he does not believe in fairly drowning a phthisical patient with cod-liver oil when it is distasteful, or in attempting to cure most cases of atrophic rhinitis by local treatment alone. Another excellent point alluded to is that of the periodical attacks of cleaning our streets and alleys which the authorities suffer from whenever an epidemic threatens. The author says this should all be done long before the epidemic arrives for it is rather to be desired that the dirt be undisturbed at times of an invasion and as small a surface as possible be exposed to the air, yet at the same time the products of decomposition are to be destroyed.

In the treatment of otorrhea we are surprised to find no mention made of peroxide of hydrogen, for surely the success that has been met with in the use of this agent warrants its suggestion. Every doctor should have this little volume in his office, for he will many times be able to refer to it with profit.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

KANSAS CITY has a woman's medical college, just established.

THE Southern Surgical and Gynecological Association met in Washington, D. C., Nov. 12th.

THE epidemic of small-pox that has prevailed in London and elsewhere in England is reported to be dying out.

"COLD wet feet are oftentimes more productive of chronic ill health and fatal disease than almost any other cause."—*Dr. I. N. Love in Denver Medical News.*

DR. J. R. BLACK died Nov. 17th at his home in Newark, Ohio, as the result of a stroke of paralysis. He was aged sixty-nine years, and is well known to the medical profession as a writer of books and contributor to journals.

THERE have recently been three successful cases of incision of the spleen for injury at St. Thomas's Hospital, London. These, we are told by *The Lancet*, are the first successful cases that have occurred in Great Britain.—*Medical Record.*

THE champion cricketer of England is Dr. W. G. Grace. His friends and admirers have been raising him a fund, and the other day sent him the tidy sum of $25,000 as a sign of their approval and admiration.

IN Washington, Nov. 14th, the Marquis Manfredi Lanza di Brolo, aged fifty, died. He was the son-in-law of the conspicuous Dr. Wm. A. Hammond. Marquis Brolo was an Italian nobleman, related to the Queen of Italy and the Cardinal of Naples. At one time he engaged in the wholesale drug business in New York.

"NEVER feed your typhoid fever patients solid food, uutil all fever, tenderness, tympanites, and diarrhœa have ceased, even though he beg, pray, cry and cuss for you to do so. If you yield to his prayers you may kill him."—J. F. Boughman, M. D., in *American Practitioner News.*

DR. D. W. STRADLEY, one of the oldest and most prominent physicians of Wabash, Ind., died Nov. 6th, of old age and kidney disease. He was born in Muskingum county, Ohio, in 1815, and went to Wabash forty-seven years ago, building up early an extensive practice. He leaves a widow and two sons.

A NEW name on our subscriber's list this month is that of Dr. C. M. Heavrin of Owensboro, Ky. Dr. Heavrin is a young practitioner, and we send him with the JOURNAL a door-plate which we trust will be the means of directing many patients to his office.

THE New York City government has passed an ordinance forbidding the dumping of the city's refuse into the ocean after April 1, 1896. Some means less prejudicial to health will have to be devised for disposing of it. Probably the Chesborough method of cremation will be adopted.

At a recent meeting of the New York County Medical Association, Dr. Archilles Rose sounds a warning against the drinking of hot water. He said that it had been shown by collective investigation that a great many cases of ulcer of the stomach occurred in cooks. This led to the supposition that it might be due to tasting hot soups, etc., consequently laboratory experiments were instituted on dogs by pouring water, about of the temperature usually prescribed for patients, through a tube into the stomach. These dogs were killed from day to day and week to week, and it was found that the hot water first caused a hyperæmic spot, and, in the course of time, ulcer of the stomach. Dr. Rose was once visited by a cook whose master's physician had prescribed for her drinking very hot water. Dr. Rose found that she was suffering from ulcer of the stomach, a condition contraindicating hot-water treatment.

With all due respect to women journalists, a London writer thinks that the only department of a paper that should be closed to the woman writer is the medical department. He continues to the effect that the medical columns of any London weekly, it is easy to perceive, are conducted by accomplished experts, but a case has recently come under his notice where a young woman who had failed as an art critic was set to answer the medical inquiries of correspondents on a country paper. "I forget to a decimal what was the exact mortality of the district," he continues, "but the proprietor said if she remained much longer on the paper, he should have no subscribers left. One of her replies was something like this: "To Daisy—Thanks so much for your kind letter. Yes. The mistake was mine. It should have been a quarter grain of strychnine instead of a quarter of a pound for your father's complaint. How unlucky! Better luck next time, but I was so very busy. Yes. There is no better shop for mourning than Jay's." —*Atlantic Medical Weekly.*

Since the development of the Keeley cure there have not many months passed without some new cure for the alcohol or morphine habit appearing on the market. The latest of which we have seen an account is that published by Dr. Matchette in the *Medical World.* Dr. Matchette modestly claims that he has had but two per cent. of failures. He has this merit, at least, that he is willing to publish his method to the world, and does so. Dr. Matchette notes incidentally that the beer habit is more stubborn and resists treatment more than any other. We call the attention of this interesting fact to the civic patriots of the German Reform Union. The The method of cure consists in giving the patient a hot bath and a cathartic. He is then given a hypodermic injection of the sulphate of hydrastine, beginning with one-fiftieth of a grain, which is increased until one-twentieth of a grain is given four times a day. If the patient is very nervous, he is given mixtures containing valerian and bromide. During the first few hours, or even days, the patient is furnished with a generous quantity of liquor of the best brand. The essence of Dr. Matchette's cure seems to be sulphate of hydrastine. Hydrastine is put down as a "simple bitter, a hepatic stimulant, an antiperiodic, an emmenagogue." This alleged property of being anti-alcoholic is certainly somewhat new.—*Medical Record*

WINFIELD SCOTT, M. D., Senecaville, Ohio, is a new subscriber this month. Dr. Scott graduated from the medical college of Ohio in 1877. In his 22 years practice he has built up a fine reputation and good business.

WE were glad to welcome as a new subscriber the past month F. M. Stratton M. D., of Metropolis City, Ill. Dr. S. has been in the harness now nearly forty years. He graduated from the College of Physicians and Surgeons, Keokuk, Iowa, in 1856.

WM. HERBERT DUNLAP, M. D., Professor of Dermatology and Registrar Syracuse University, died in that city, Nov. 11th. Dr. Dunlap was the husband of the twin sister of Mr. Thurber, President Cleveland's private secretary.

THROUGH the generosity of Mr. W. D. Sloane and Mrs. Auchmuty, a commodious home has been erected in New York for persons in the incipient stage of consumption, at a cost of $150,000. There are no nurses and no resident physician, and the cost of living will be only six dollars a week.

MAHLON W. COCHRAN M. D., graduated from medical department, University of Wooster, class 1888. He afterwards studied in New Haven, Conn. Was at first located at North Liberty, Ohio; is now at Butler in the same State, where he has an excellent and growing practice. Dr. Cochran is a new subscriber to the JOURNAL.

THE mileage of the blood circulation reveals some astounding facts in our personal history. Thus it has been calculated that, assuming the heart to beat sixty-nine times a minute at ordinary heart pressure, the blood goes at the rate of 207 yards in the minute, or seven miles per hour, 168 miles per day and 61,320 miles per year. If a man 84 years of age could have one single blood corpuscle floating in his blood all his life, it would have traveled in that same time 5,150,880 miles.

E. ELMER KEELER, M. D., of Syracuse, N. Y., sends in the following pleasant letter: "I sent a few days ago for a sample copy of your JOURNAL, and if the current number is what you are publishing, *i. e.*, a fair sample, I want it.

Then I see you say you will send King's "Stories of a Country Doctor," free to new subscribers, so here goes. Enclosed you will find thy "Almighty Dollar."

Sincerely yours, etc.

Isn't it wonderful, when you think,
How a little baby grows,
From his big round eyes, that wink and blink,
Down to his tiny toes?
Common thing is a baby though,
All play the baby's part—
But all the whirling wheels that go,
Flying round while ages flow,
Can't make a baby's heart.

Two notable articles have appeared in the last two issues of our bright contemporary, *The Louisville Medical Monthly*, on *Inebriety* written by L. W. Hunter, M. D. The writer concludes: "The idea that a drunkard can be *forced* to reform by confinement in an asylum, against his inclination, be the surroundings and influences, social, moral and otherwise, never so favorable, in my opinion is an impossibility. He will be without liquor just so long as he is absolutely compelled to abstain, and no longer. Without the *desire* to reform, no effort will be made on his part to do so, and as a matter of course, no permanent good will be accomplished by confinement or forced temporary abstinence."

THE editor of the *Northwestern Lancet* calls attention to the fact that the time of occurrence of pain may have considerable diagnostic importance, as the night pains that characterize tension, syphilis attacking the bones, and the intermittence that points out the malarial character of some neuralgias.

J. S. BOONE, M. D., of Powhattan Point, Belmont county, Ohio, saw that we were giving Dr. King's "Stories of a Country Doctor" to new subscribers in the pages of *Modern Medicine*, and at once sent us a dollar for the JOURNAL and it. Dr. Boone has been in practice since 1872, and has well deserved his marked success.

WE have received from P. Blakiston, Son & Co. a copy of their Physician Visiting List for 1896. It has been published annually for forty-five years. The present copy presents several new and convenient features. It may briefly be said to combine the greatest possible amount elegance and usefulness at the least possible cost.

"I HAVE thus by degrees led up to the final point, the effect of alcohol on chastity. The sexual impulse as already stated, is one of the most powerful in man. It is necessary that it should be strong, but it is equally necessary that it should be under right guidance. There are no such checks to its abuse in the human being as there are in the animal creation. Its wrong action must be prevented by self-mastery, guidance. In the normal man, if he knows the benefits to health and happiness which result from chastity, he will take this part of his nature under the dominion of his reason and his better judgment. But the experience of the ages shows that intemperance, drink, alcohol has so lessened the inhibitory power which is slowly growing up in man, which distinguishes him from all lower animals, that this is impossible. Under its influence he drops back to a primal state, yes, worse than a primal state, and gives way to his impulses, whatever they may be—the very worst thing, it seems to me, that can happen to a human creature. He now becomes a degenerate."—*From Dr. M. L. Holbrook's paper on "Alcohol and Chastity."*

A DISPATCH from Richmond, Mo., dated Nov. 11th, states that Dr. George W. Fraker, the noted insurance swindler, is confined to his bed in the Ray county jail, with Bright's disease. Fraker's health, when he was brought back from Minnesota, was by no means good, and jail life has aggravated his troubles. He is feeling very much discouraged now and almost his only hope for securing his liberty is that the Court will order his release as a humane act to save his life.

SEVERAL notable improvements have been introduced in the *Popular Science Monthly*, henceforth to be known as *Appletons' Popular Science Monthly*, with the beginning of the current volume. Wider margins have been adopted, the departments have been rearranged and given a less formal style, and many new attractions are promised. In response to numerous demands, the publication of the magazine simultaneously in this country and in England has been begun. The new volume opens with a list of writers, including David A. Wells, Fitzgerald Marriott, Daniel G. Brinton, E. P. Evans, James Sully, G. Frederick Wright, and the Dean of Montreal, which should win it many new friends both at home and abroad.

[This is a good letter, one of the kind that makes life seem worth living.—Editor]

Nov. 12, 1895.

Cincinnati Medical Journal.

Sirs:—I think my subscription is about out. Enclosed find check for $1.00, for which send me the Journal one year. * * *

I think the Journal the best that comes to me. I appreciate Dr. Brodnax's way of expressing himself, etc.

Very respectfully yours,

C. Wittenmyer.

P. S.—Where can I get Dr. Phillip's new novel, "Miskel?"

An attempt was made on the evening of Nov. 14th to assassinate Dr. John J. Sweetland, of Mottville, Mich., by means of a bomb, thrown at him through one of the windows of his drugstore. A patient who was in the store was nearly killed, but Dr. Sweetland escaped injury. The murderous attempt on the life of Dr. Sweetland is the outgrowth of a long standing feud. Dr. Sweetland graduated from the Cincinnati College of Medicine and Surgery in 1887.

Dr. Moulton K. Johnson, of Cincinnati, is expecting an appointment as Assistant Surgeon in the Navy, to obtain which it is necessary to pass an examination before the Naval Board of Surgeons. A large number of applicants fail at these examinations, as they are very thorough and exhaustive, being held daily for a period of three weeks.

Antitoxine, so eagerly seized upon by the shrewd and enterprising members of the profession, has died a natural death. It would never have survived its birth had it not been for the opportunity it offered these same enterprising gentlemen to procure an evanescent but much sought notoriety. How many who made use of antitoxine failed to announce through the daily press such fact?—*Louisville Medical Monthly.*

Dr. Alexander J. Stone, Professor of Gynecology in the Minnesota State University, has been stumping the State of Ohio in behalf of ex-Governor Campbell. Incidentally, he has promised to advocate the Mosgrove Bill for medical education. Professor Stone is wandering a little from the beaten paths of gynecological practice, but if he helps along the cause of higher education in Ohio he will be doing a good work. —*Medical Record.*

Ice Cream as a Medicine.—Those persons, and their number is legion, whose fondness for this summer dessert is such that they are designated ice cream fiends, will be glad to know that the value of ice cream as a remedy for certain intestinal troubles is being advanced. Some, indeed most, physicians permit it through typhoid fever, always insisting that it shall be of the purest make. To the story recently going the rounds in print, of the entire cure of a case of ulcer of the stomach by the sole and persistent use of ice cream, may be added that of a woman. She suffered from a serious affection of the eyes, directly traceable to digestive disturbances, and her physician finally put her upon ice cream as a sole diet. For eleven months she literally lived upon ice cream, with the result of effecting a complete and apparently permanent cure. The theory is that the cream furnishes ample nourishment, while the diseased intestines, chilled by the low temperature of the food, are prevented from getting up inflammation during the process of digestion carried on by the healthy parts.

OTHERWISE, OR RATHER LIKEWISE ENGAGED.—A lady doctor, as we are informed upon the reliable authority of a prominent St. Louis physician, was sent for some time since to attend an accouchement for which she had been previously engaged. When the call—an urgent one—was received, the reply was, that she was very sorry, but the patient must get another doctor as she was "engaged in having a baby herself," and could not leave the field just then.

Ladies, when you get your diploma, have your ovaries taken out at once, and it will save you much annoyance, and much good cash of which your more fortunately physiologically constructed brethren surreptitiously deprive you.—*St. Louis Clinique.*

DR. TUCKER, the director of the New York Health Board Laboratory, in a recent address delivered before the Brooklyn Institute, gives an alarming picture of the adulteration of many of the drugs in common use and frequently dispensed without prescriptions. From 1891 to 1894 inclusive 8,305 samples were examined, and not one-half were of good quality. Among the drugs mentioned as of inferior quality were the bromides and the iodides and especially precipitated sulphur, which was found to be impure in three-quarters of the 248 samples tested. In the use of these drugs no reliance could be placed upon their possible effects, unless obtained from druggists of known good repute.—*New York Medical Times.*

A MOST SINGULAR AND THRILLING CASE.—Lately I was sent for in an urgent haste to attend Mrs. H., a woman who weighs nearly 400 pounds. When I got to the house, I found her squatting over a vessel and screaming like mad. It took some time to get it out of her and the attendants, all women, that a mouse had run up her leg and hadn't come down again. The woman was in a tantrum of the wildest hysteria, and demanded between sobs, that I examine her immediately, averring that the rodent had entered the vagina. I did examine her, and sure enough, found the mouse curled up in the vaginal depths. It was extremely dead, and I soon brought it forth, to the lady's infinite relief. After it was all over, one of the women who didn't especially love Mrs. H. anyhow whispered to me: "The mountain had labored and brought forth a mouse." I am aware that this sounds *canardish*, but it is true, strictly and religiously true.—*Cincinnati Medical Gleaner.*

HERE is a rather good story told about Pasteur. He was dining with his daughter, her husband and their family, one evening in their country residence in Burgundy, says *Pearson's Weekly.* Cherries formed part of the dessert, and the savant ate a good many, taking care, however, to dip the fruit well into a glass of water and then to wipe it thoroughly dry before putting it to his mouth. His scrupulous care caused mild laughter at the table, whereupon Pasteur gently rebuked his relatives for their indifference to the fact that the exteriors of the cherries were covered with infinitesimal and invisible microbes. He then launched forth into a long argument to prove the existence of the unseen animalcules, and wound up by advising his hearers never to touch fruit without washing it.

A few moments afterward the savant, who had fallen into one of his fits of abstraction, suddenly seized the glass in which he had washed the cherries, and drank the water and the microbes contained therein at a single draught.

Sometimes the eyes are injured by some disease, as measles, and care should be exercised to get them strong again. A good tonic for the eyes is cold water. Bathe them in it every day, several times if need be. Beware of too rich salty food. This hurts the eye. Plenty of fruit, bathing the body, purity of blood and avoiding such other evil practices as I have mentioned, will generally be sufficient to keep the eyes in good condition till old age, and often till very old age. I have known persons who have never required glasses even up to the age of eighty or ninety years.

Sometimes the eyes become weak and the lids more or less inflamed. If this becomes chronic, a very good treatment is to bathe them four or five times a day in salt and water, about a teaspoonful to a pint of water. The best way is to have a little eye cup and fill it with the water and apply the cup over the eye, and then open and shut it several times. The water may be tepid, or cold, but not very cold. If an eye cup is not procurable, a common glass or bowl will answer nearly as well. Fill the bowl even full and put one eye down into it at a time, and open and shut one lid for a little while, then the other. This treatment of weak eyes is often very toning to them. It should not be applied in acute inflammation.—*M. L. Holkrook, M. D.*

Austria proposes to deal with persistent drunkards by treating them as mentally incapable and detaining them in special retreats for a term of two years. They may go in of their own accord or on compulsion, but cannot leave at will until their term has expired, except in certain cases on probation. Persons may be sent to the retreat either by the order of a magistrate, or on the petition of the parents or children, or of the husband or wife or trustee, or of the chief of a lunatic asylum in which the drunkard may be detained. Inebriates may further be assigned to retreats by the action of the public prosecutor, or by the mayor of the town or village in which the habitual drunkard resides. In all cases the inebriate must be legally tried and convicted, the court being bound to hear witnesses, including the drunkard himself, as well as the doctors, more especially experts on mental diseases. The term of detention will be generally for two years, but the patient may be released on leave after one year, but will be confined again in case he relapses into his former bad habits. After the two years' term he must be released, but if his drink impulse persists, he may be sentenced again for a fresh term of two years, and eventually may be confined in a lunatic asylum, if he is shown to be incurable.—*Medical Record.*

Dr. William Osler, the eminent professor of Clinical Medicine in the Johns Hopkins University, addressed the Cincinnati Academy of Medicine Monday evening, Nov. 20th, subject: "A Higher Medical Education." The faculties and students of all the medical colleges of the city were invited, also the Union Board of High Schools, the University Trustees, and Trustees of the Law School, Dr. Osler well maintained his reputation as an able and convincing speaker. He was the guest of honor at several social events while in Cincinnati.

A RISING MAN.

Parrott—"Our friend, Dr. Beardsley, is becoming quite a fashionable physician."

Wiggens—"Yes, indeed; where a couple of dollars' worth of drugs used to fix a case he now prescribes a trip to Europe."

Phamaceutical Notes.

I HAVE used Cactina Pillets for several years past with the most satisfactory results, in such cases wherein they are indicated. A. H. OHMANN-DUMESEIL, A. M., M. D., St. Louis.

IN reporting a case of a woman suffering from Neoplasm in the stomach, Dr. Ernesto Costa, of Alagna, Italy, says: "One can easily imagine the intense pain which entirely prevented her sleeping. I tried chloral and sulfonal, and although the latter answered fairly well for a time, it soon became necessary to discontinue it. I then administered Bromidia with the following results:

1. It produced refreshing sleep.
2. It soothed the pain, and thus rendered alimentation possible.
3. Although given in frequent, and sometimes in tablespoonful doses, it never produced any nervous or cardiac disturbance."

JNO. C. LEVIS, M. D., West Bridgewater, Pa., says: I have used Celerina in my own case for insomnia. Among all the hypnotic preparations and nerve tonics, it stands justly pre-eminent. Several persons are now using it and report that no preparation has given such permanent and prompt relief. In a general practice of more than half a century, this is perhaps the first testimony I have offered. Celerina is the very best nerve tonic now offered to the profession, and cannot be too highly recommended. To those wanting a nerve stimulant it will be just the remedy.

SEXUAL NEURÆSTHENIA.—In the course af an able paper, which appears in the November issue of the "Medical Sentinel," Dr. David H. Rand, of Portland, Oregon, late secretary of the Genito-Urinary Section of the American Medical Association, etc., says:

"In many of these sexual troubles, particularly where there is a nervous phase, the strictest attention must be given to the general condition of the patient. The bowels must be kept open and toned up, and good nutritious food administered. Some one of the artificial foods may be used with advantage, and I am especially well pleased with the new product, Paskola. It has given me great satisfaction where used in many cases.

We earnestly recommend that physicians who have not tried this article take advantage of the manufacturers' liberal offer which appears elsewhere in our pages.

IT is rarely we are able to recommend to our readers any pharmaceutical preparation ro unreservedly as we do *Wayne's Elixir*, notice of which appears in our advertising pages for the first time in this issue. In several cases of kiduey trouble that have come under our personal observation this medicine has accomplished what was claimed for it. We urge our readers to take advantage of the generous proposition of the Wayne Elixir people, and send for a free sample bottle. When doing so please mention this JOURNAL, and do us a favor thereby.

WHAT-DO-YOU-WANT?

DO YOU WANT ANYTHING YOU HAVE NOT GOT?
HAVE YOU GOT ANYTHING YOU WANT TO GET RID OF?

SAY SO IN THIS JOURNAL WITHOUT COST.

SAFE BARGAIN.—We still have two fire proof, combination-lock safes, taken on advertising contract, that we will sell at a very low figure. They are exactly suited for office or house use. Are first-class in every respect Write for pictures and particulars. Address BUSINESS MANAGER, CIN'TI. MED. JOUR., Court & Broadway, Cincinnati, Ohio.

A RARE OPPORTUNITY.—We have for sale one seventy-five dollar Yale Operating Chair. It is perfectly new, and first-class in every respect. A liberal discount will be allowed the purchaser. If you want to know about it, write to the BUSINESS MANAGER CIN'TI. MED. JOUR., Court & Broadway, Cincinnati, Ohio.

TO EXCHANGE.—A hotel in Kentucky in a railroad city of two thousand, for a house and lot and physician's practice in a city of several thousand inhabitants. Hotel worth $4,500. Address MEDICUS, Care CIN'TI. MED. JOUR., Cincinnati, Ohio.

I HAVE the remnants of a small drug stock, consisting of one hundred glass stopper shelf bottles of tinctures, powders, etc., with some few toilet goods, herbs, oils, fluid extracts, powder extracts, etc.; invoicing at wholesale $150. Goods are all new. Will sell for $100. Some disinterested person (druggist) could inspect the goods and report before being taken away, if buyer could not come to see them. Address DR. JOS. CLEMENTS, Kansas City, Mo.

I HAVE a good dentist's chair which I will sell for thirty dollars. Readers of the CINCINNATI MEDICAL JOURNAL knowing a dentist in need of an operating chair can make money handling this one. Correspondence solicited, address P. J. SULLIVAN, M. D., Big Rapids, Mich.

DOCTORS, I lost my medical library by fire, without insurance. If you have a medical book that you don't like, please write and state kind and price. S. G. BITTICK, M. D., Ringgold, Texas.

[The following letter was received with this "Want." It explains itself. Mr. Editor, for 25 years I have been buying books. And I now see that about the only chance I will ever have for another library is to buy cheap, second-hand books, and will be ever so much obliged if you will insert the above ad. in your December number. Yours truly, S. G. BITTICK.]